MEDICINE

& Poisonous Pharma

Medicine & Poisonous Pharma

The circle with the Cross
These make for the sign that all thou hast heard is fulfilled in Him

Hospitallers Order of the Good News

The Lord He Is God

Trust in Him who Is the Way

Keep thy faith in Him, that All will be and is right!

And make thy life, thy activities in accord with same!

Medicine & Poisonous Pharma

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Book Nº

In Gratitude To

This Book is dedicated to the following:

To the God of Abraham: Who Is The God of Humankind, Our One and Only Lord and Saviour The Christ. This Book is dedicated to all souls who search for Him, our Lord God the Christ. An in particular to those whose writings of old still keep inspiring and education those on Earth. This book is produced and given as a testimony that: "The Lord He is God", and know that the Lord walks with us everyday, even if you do not see Him, He Is with us, He Is with those who ask for Him, for the Lord Is God of Humankind. These are not vain words, but are those words from those who know The Lord, His Ways, His Coming. The Order dedicates this Book to: to all those who have perished at the hands of ignorant men; To all those Wise Men who understood the difference between what is right and what is wrong; To those wise ones, who are ever present and let not fall civilization. This book is also dedicated to many countless others, whose names do not appear here but they know who they are. To all physicians, whose convictions regarding the soundness of principles set forth in this work, and whose fearless advocacy of Therapy based on these principles have been a constant source of encouragement and inspiration to many, this book is also dedicated.

"The Lord He Is God"

Has in the Oneness of the Living God the Christ Our Lord and Saviours, so it is in the oneness of comprehension and understanding in which those points of truth these authors all conclude and agree upon. And as a result on which they all agree this book is produced and given as a testimony that: "The Lord He Is God", and the Lord walks with us everyday, even if you do not see Him, He is with us, He is with those who ask for Him for the Lord Is God of Humankind. These are not vain words, but are those words from those who know The Lord, His Ways, His Coming.

And many others whose names do not appear here but they know who they are. To all physicians, whose convictions regarding the soundness of principles set forth in this work, and whose fearless advocacy of therapy based on these principles have been a constant source of encouragement and inspiration to many, this book is also dedicated.

Acknowledgements

The collective knowledge generated from academic research summarized in various references has been critical in the creation of this published work, which is best viewed as a comprehensive compilation and collection of published information by many authors throughout the ages, as well as personal and clinical experience in the treatment of self and others. This work was possible only by the guidance and Light of Christ who Is God. A special thanks also to those who work with Him and help all of us. May each individual be able, to find this eternal truth, while on earth.

Credits and References

Although all credits and references where given to the best of our knowledge and information contained in the central archives of the Hospitallers Order of the Good News. If there is any errors or mistakes we kindly ask the reader to allow the knowledge of such items in order to rectify same in future editions of the present Book.

Health and Therapeutic Journals and Books

The present work rests upon the foundations of those civilization luminaries, men and woman of exceptional talent, intuition, and detailed observation. Furthermore it was a privilege to us, for them to have the dedication and time to write and publish their clinical findings. There is then a vast amount of Journals and Books devoted to the

Health and Therapeutics. Of these printed records those from 1850 to 1950 in this one hundred year period we specially encounter that the majority of what is to be known concerning disease its origin and its treatment and cure, where in fact correctly identified. These records, in their collective, contain timeless observations of which many remain permanent truths. These pearls are hidden from plain sight, only the adept or the initiated can identify them and pick one by one, from the surrounding confusion.

Sources

This book is a Record of the clinical findings of many great Health Practitioners, their findings remain the same throughout the centuries. All share the same conclusion. The Truth is in plain site. Apart from the Archives of the Hospitallers Order of the Good News Library, we are also very grateful to all libraries, who have kept books for the last 200 years, those of which by their keeping allowed the information on those books to survive, and be upon their withdrawn from their keeping available to purchase by the Order, and kept in its Archives and Library. The Hospitallers Order of the Good News, has therefore obtained many of this rare Books, many of which are not available, nor found in libraries, for this we thank The Lord who Is God, for having placed the same in keeping of the Order.

Errors & Omissions

Although the editor, publisher have made every effort to ensure that the information in this book was correct at press time, the editor, publisher do not assume and hereby disclaim any liability to any party, for any loss, damage, or disruption caused by errors or omissions, whether such errors or omissions result from negligence, accident, or any other cause. Much care was taken to avoid any errors or omissions, if any do exist, please let us know, in order to correct same in any future editions.

Dedication

"To the victims, past and present, rich and poor, of Adulterated Food, Patent Medicines, Compulsory Vaccination, Abuse of Surgery, booze-guzzling, industrial diseases, autocracy of dress, false modesty, sex ignorance, and conventional hypocrisy; to those, who never had a real opportunity to learn the truth, being kept in ignorance through the vicarious and popular channels of misinformation. To those, whose nerves, muscles, bones, marrow, and blood have been converted into dollars and cents under, the iron heel of commercial greed, in the name of health, science, and benevolence; to those, whose inner and better selves remain crushed and stifled as a result of monotonous, loveless lives, tyrannical and fanatic parents, and uninspiring surroundings in general; to the patient "sons of toil," who constantly undermine their health and risk their lives, making it possible for us to appreciate art, music, literature, culture, and invention that the genius of human brain has brought forth, yet have for themselves little in return, save fatigue, malnutrition, soul-starvation, anxiety, fear, filth and premature death. To all these victims of our seething, restless, debauching, artificial, and health-wrecking era, impudently labelled "civilized". I affectionately and hopefully dedicate this book." - Dr Simon Louis Katzoff, MD, in "Timely Truths on Human Health", 1921.

"Science having emerged through the centuries into light, may now lead us into an even deeper abyss than ignorance. Knowledge uncontrolled or wrongly commercialised has the power to change this world into a veritable inferno." - Dr Henry H. Robarts, MD in "Edinburgh Medical Journal", 1939.

To all the Clinicians that have taken their time to record the information here given. And To Him, To Whom Health is Wealth, This Book is Dedicated.

Disclaimer

"The content of this Book is based on research conducted by the Members of the Hospitallers Order of the Good News, unless otherwise noted. The information is presented for educational purposes only and is not intended to diagnose or prescribe for any so-called "medical" or "psychological" "condition", nor to prevent, treat, mitigate or cure such "conditions".

The information contained herein is not intended to replace a one-on-one relationship with a qualified healthcare professional. This information is not intended as "medical" advice, but rather a sharing of knowledge and information based on research and experience.

The Hospitallers Order of the Good News encourages the reader to make your own health Care decisions based on your judgment and research in partnership with a qualified Health Care Professional. These statements have not been evaluated by the Food and Drug Administration, in the USA. The information on this Book is not intended to diagnose, treat, cure or prevent any disease."

As sad it may be, that one is forced to place such a disclaimer, just serves to illustrate the state where the present civilization is at the moment. A civilization founded on lies has no future, a civilization based on false or fake pretences has no future, a civilization that follows political correctness is fake by proxy. To sustain the present civilization is to sustain a lie. Thus the solution is to establish a new civilization, this if Humankind will ever have a chance to develop on Earth.

In that the End of Times and the Beginning of a New Era, 2020

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Introduction

"Fertile soils, healthy plants and healthy animals constitute our most potent therapeutic apparatus for the maintenance of health and the prevention of most diseases afflicting the human organism.

This is a fact which most Physicians and Scientists have been tardy to appreciate or recognize.

Man's health depends more upon healthy soils, plants and animals than upon miracle drugs and "Fountain of Youth" serums.

In the last analysis, food of good biologic value is the best therapeutic agent we possess.

To this end this sketchy address was prepared." - Dr N. Philip Norman, MD in "The American Journal of Digestive Diseases", 1949.

"The appearance of abnormal effects of drugs are scattered throughout the most diverse parts of medical literature, and are either not at all or but superficially considered in the manuals or text-books of materia medica.

For this reason I have for a long time been making a collection of these facts, examining them critically, and making additions to this collection from my own personal experience.

I have presented the results of this labour in this book in the hope that they will meet a practical want, and at the same time stimulate others to further observations in the same direction." - Dr L. Lewin, MD in "The Untoward Effects of Drugs", 1883.

Chapter 1

False Impressions

"In a considerable proportion of diseases, it would fare as well, or better, with patients, in the actual condition of the medical art, as more generally practised, if all remedies, at least all active remedies, especially drugs, were abandoned." - Sir John Forbes, MD

"I declare it to be my most conscientious opinion, that if there were not a single physician, or surgeon, or apothecary, or man-midwife, or chemist, or druggist, or drug in the world, there would be lest mortality among mankind than there is now." - Dr. James Johnson.

"My opinion is, that more harm than good is done by physicians; and I am convinced that, had I left my patients to Nature, instead of prescribing drugs, more would have been saved." - Dr. Christoph Wilhelm Hufeland, MD

"Dissolving Illusions details facts and figures from long-overlooked Medical Journals, Books, Newspapers, and other sources. Using myth-shattering graphs, this book shows that vaccines, antibiotics, and other medical interventions are not responsible for the increase in lifespan and the decline in mortality from infectious diseases. If the medical profession could systematically misinterpret and ignore key historical information, the question must be asked, "What else is ignored and misinterpreted today?" - Dr Suzanne Humphries, MD in "Dissolving Illusions, Disease, Vaccines, and the Forgotten History", 2013.

"The medical profession is being bought by the pharmaceutical industry, not only in terms of the practice of medicine, but also in terms of teaching and research. The academic institutions of this country are allowing themselves to be the paid agents of the pharmaceutical industry. I think it's disgraceful." - Ray Moynihan, quoting Arnold Seymour Relman in "Who pays for the pizza? Redefining the relationships between doctors and drug companies. 1. Entanglement", 2003.

"The largest single piece of the known drug-marketing budget is spent on the direct promotion of drugs to doctors by representatives of drug firms. This is called "detailing." There are some 88,000 sales representatives throughout the country, who are paid more than $7 billion per year by the drug companies to visit doctors in hospitals and offices to pitch their employers' products." – Arnold Seymour Relman (1923-2014), Harvard Professor of Medicine and Former Editor in Chief of the New England Medical Journal, in "America's Other Drug Problem", 2002.

"Were it my business to understand physic, would not the surer way be to consult nature itself in the history of diseases and their cure, than to espouse the principles of the dogmatists or chemists?" - Locke

"the secret had been discovered of inoculating people with old age before their time". - Lichtenberg

"So deranged and shattered my nervous system, and so impaired my general health and strength, that exertion caused me great fatigue. I was constantly troubled with headache and incapacity for mental effort, which I have now reason to believe were increased by the absurd system of drugging." - William Horsell

in "Hydropathy for the people", 1855.

"What makes the healing art divine, The bitter drug we buy and sell, The brands that scorch, the blades that shine, The scars we leave, the cures we tell? What though our tempered poisons save, Some wrecks of life from aches and ails, Those grand specifics nature gave, Were never poised by weights or scales? God lent his creatures light and air, And waters open to the skies; Man locks him in a stifling lair, And wonders why his brother dies." - Oliver Wendell Holmes, before the National Sanitary Association, 1860.

ACT THE FIRST

SCENE I

A Chamber in the House of Scud the Apothecary

Peter (Journeyman to Scud) enters

Peter. - Is there any alteration to be made in Lady Cypress's medicines?

Scud. - None at all, none; draughts sicut ante (as previously).

Peter. - They do no good.

Scud. - They do no harm.

Peter. - They are a mere chip in porridge — Conserve of roses will never cure an asthma.

Scud. - I know it; what then? A patient cured is a customer lost. In one word, therefore, repetatur haustus (repeated draft).

Peter. - Be it so! Let nature do the work herself". - Richard Cumberland, 1797.

"So why can't your body heal itself as Nature heals itself?"

"In vain shalt thou use many medicines" Jeremiah 46:11

"I have made a small collection of simple medicines which will be useful to the poor and left a larger collection transcribed and more expertly digested under their specific tastes. These may be useful in country practice, but the extemporaneous forms are first to be used by young practicers in towns to oblige the apothecary and to promote business." - Sir John Floyer, MD, "Advice to a Young Physician".

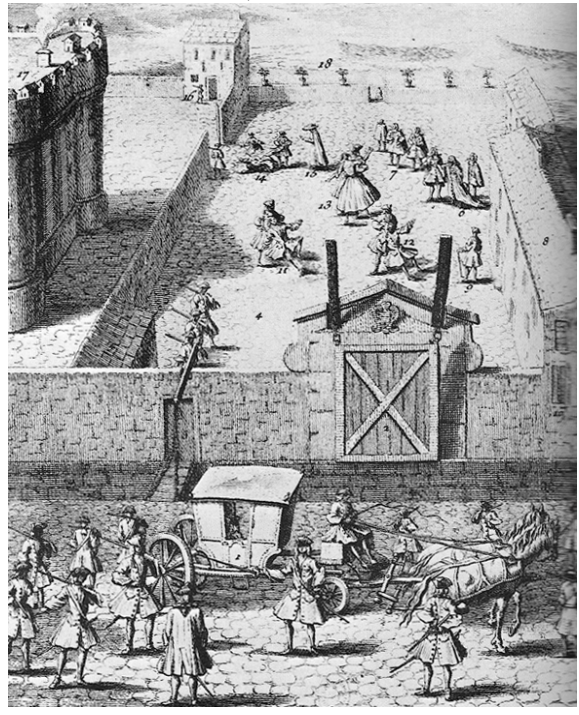
"The man who should add anything not absolutely essential to the medical curriculum would be guilty of a crime." Huxley, 1869

"An obstinate adherence to an unsuccessful method of treating a diseases is self-conceit; it generally proceeds from ignorance; it is a species of pride to which the lives of thousands have been sacrificed". — Gregory

"All remedies necessary to good health exist in the human body. They can be administered by adjusting the body in such condition that the remedies may naturally associate themselves together." - Still in the Living

"Health is the great desire of the whole human family ; and the pretentious claims of the medical scientists that they understand all needs of physical man, in case any disease attacks him, lead the people to trust them, implicitly, to cure them of any sickness, and save them from death. Do they do it? My object will be to show in the following pages, fromtheir own admissions, as well as from every-day history, that they are powerless to save the people from disease and death, while all the time parading their knowledge of medical science, which, they claim, is their ability to cure disease.
And while I shall use the facts of every-day history to show that

they fail to perform cures, even in the simplest and mildest cases of disease, by their medical science treatment, I shall also present the same facts in history—that the simplest modes of treatment outside of their so-called scientific treatment, have accomplished cures of the same desperate diseases in which they so signally failed." - "A Bold Arraignment of the Medical profession: for the practice of false theories, false pretences, fraudulent claims for a false science, and for their determined purpose to oppose the cold bath in all fevers: and for publishing to the people that it is not beneficial, but hurtful, all for the purpose of deluding the people into employing them to treat the sick with their fraudulent science and to let them die", 1890.



Convulsionnaires of Saint-Médard
confined to the Bastille, 18th-century engraving

Graffiti 1732

François de Paris a beloved Jansenist priest, was born into a wealthy Parisian family. Originally destined for a career in law, he went against his father wishes and chose a career in the Church instead. In 1713, he gave up his annual family pension to the poor. After his parents died in 1723, he sold his family's property, gave the money to the poor, and went to live as a hermit in the poor neighbourhood of Saint-Marceau. He modelled himself after St. Francis of Assisi.

He was buried in the cemetery of the Parish of Saint-Médard in Paris in 1727, it was believed, that those that visited his grave, and asked for help were granted miracles.

Within a few years hordes of people were flocking to the cemetery seeking intercessions. Pilgrimages to the his tomb continued over the years 1727 to 1730. During this period, around 12 pilgrims declared that they had been miraculously cured at the tomb. This number of miracle cures exploded in 1731, and over 70 cures were announced that year, from a variety of ailments which included paralysis, cancer, and blindness, among others.

It got so popular that in 1732 King Louis XIII, by Royal Decree, closed the cemetery. Shortly after the decree was announced someone sneaked into the cemetery and wrote on the grave:

"By Order of the King,
God is Forbidden to Perform Miracles
in this Place!"

Is Curing Patients a Sustainable Business Model?

"On the 10th April 2018, an Analyst at Goldman Sachs asked a troubling Question:
"Is Curing Patients a Sustainable Business Model?"

The Goldman analyst has a point. It's tricky to make a sustained profit from one-shot cures. The economic problem is that companies can run out of patients as they're cured." -

Antonio Regalado, Senior Editor of Biomedicine in "MIT, Technology Review", 12 April 2018.

The Only Effective Way To Combat Disease Is To Cultivate Health

"Nature, God (the Life Power, that is) will, almost always, restore us to Health and keep us well... if we do our part. And our part is Willingness and Obedience.

Medical Doctors "fight disease", but neither teach, encourage even allow (and seldom practise), good health. Yet all most people need do, to become or keep well is:

Live Healthily, and Co-operate Intelligently with Nature's Efforts to Heal." - Dr Ulric Williams, MD, in "Hospitals and Hooey or Health?", 1941.

We Were Being Trained to Misinform People

"I spent 15 years in the Pharmaceutical Industry working for some of the major manufacturers. It wasn't like I woke up one morning and said you know I need to get out a pharmaceutical sales, was actually an awakening process for me was the spiritual unconsciousness process.

Where as I started observing what was happening with some of the drugs were doing the misinformation,

disinformation that I was being encouraged to minimize side effects when I talk to doctors. I started to recognize, that these patients were literally being tortured by the drugs they where being given." - Gwen Olsen, author of Confessions of an Rx Drug Pusher.

Misrepresenting Research Results

"When one looks at the totality of the evidence with research certainly from the pharmaceutical company side, most of the modern research now is not high-quality or beneficial for patients. In fact John Ioannidis in Stanford, professor of medicine statistics there, he calculated from analyzing around 60,000 intervention studies that only 7% of them fulfill criteria of being both high-quality and relevant for patients. On top of that when you look at the behaviour of the pharmaceutical industry we must understand that they have a fiducial obligation to make profit for their shareholders, not necessarily to give you the best treatment, for that isn't the legal obligation for them.

Most of the new drugs that they produced in the last decade or so have essentially been copies of old ones, so they patent these drugs and make lots of money off them, but they are no better than old drugs. But also they engage in criminal activity.

So there is very good evidence that shows that most of the top 10 pharmaceutical industries have engaged in corporate crime, so basically between 2009 and 2014 the combined costs of fraud for most of the top 10 pharmaceutical companies is close to $14 billion. And that's for illegal marketing of drugs, hiding data on harms, misrepresenting research results. So this is really quite extraordinary." - Dr. Aseem Malhotra, MD, interview "Diet Doctor", 2018.

Physical and Natural Therapeutics

The Remedial Uses of Atmospheric Pressure, Climate,

Heat and Cold, Hydrotherapeutic Measures, Mineral Waters, and Electricity,
By Georges Hayem, MD, 1895

"Medicinal treatment no longer enjoys the vogue it at one time commanded. It has been found that, in many instances, the proper management of a disease is far superior to medication. Not only this, but the medical profession has learned that all therapeutic measures of value are not necessarily included in drugs, but certain methods are capable of producing results much beyond the powers of medicines. Dr. Hayem, the distinguished Teacher of Clinical Medicine in the Faculty of Medicine of Paris, long ago appreciated this fact, and has given us the results of his ripe experience in the application of what he is pleased to call physical and natural therapeutics in this work. We find embodied here not only the author's personal views, but also those held by the most prominent therapeutists of Europe." - in "Saint Louis Medical and Surgical Journal", Vol.69, 1895.

The Vis Medicatrix Naturae

The Healing Power of Nature, Nature is the physician of diseases. "Medicine has long grappled with the question of the vis medicatrix naturae. As Neuberger stated in 1932: "the problem of the healing power of nature is a great, perhaps the greatest of all problems which has occupied the physician for thousands of years. Indeed, the aims and limits of therapeutics are determined by its solution.

The fundamental reality of the healing power of nature was a basic tenant of the Hippocratic school of medicine, and "every important medical author since has had to take a position for or against it." - Dr Marc S. Micozzi, MD in "Complementary and Integrative Medicine in Cancer Care and Prevention: Foundations and Evidence-Based Interventions"

"The enormities that have been...perpetrated in the name of

surgery and medicine. Avoidable and mutilating operations, expensive and poisonous drugs, which...can never have any effect upon the cause; while Nature has made provision...for both prevention and cure." - Dr Ulric Gaster Williams, MD

"It is evident that those whose diet is at fault need diet and not drugs". - Dr Bernard Fantus, MD, 1920

Medical Drugs are Poisons

"One of the first lessons that should be impressed upon the mind of the student is, that medicines are poisons. Not that one or two, or a group of a dozen are poisons: mercury, arsenic, antimony, etc. I think it is probable that many practitioners have also the same lesson to learn, and the sooner they learn it the better it will be for their patients. I assert, that to the healthy man all medicines, without an exception, are poisons.

That every one, without an exception, will cause a departure from the healthy standard, either in function or in structure, if given in the ordinary medicinal dose, if continued in the usual way. It is true that the human body is so constructed as to resist causes of disease, whether in the usual form, or in the form of medicine, but it yields more readily to the medicinal poison than it does to the others.

Very many persons can not take the mildest and simplest drug without being unpleasantly affected, I number myself as one of this class; some will resist the unpleasant influence for a considerable time, but eventually yield.

All medicines are poisons; are poisons to the sick as well as the healthy, unless they are antagonized by and antagonize disease.

This being the case we propose to handle drugs with care, assuring ourselves of the curative relation of the drug to the disease before we administer it. I always enjoin upon my students "not to give medicine unless they can see clearly that the, medicine is likely to aid in removing the disease." - Dr John M. Scudder, MD in "Eclectic Medical Journal, 1875"

"Before the importation of drugs from foreign countries, the ancient physicians prescribed simple remedies, a knowledge of which they learnt from nature. The simple art of medicine being thus taught as it were by nature herself; the remedies which she supplies must be of necessity more efficacious than the many hundred varieties which fill the bottles and drawers of an apothecary's shop; and when it is remembered that: "the cattle on a thousand hills" are fed, supported, and kept free from sickness and disease by the cunning hand of nature herself, and the structure of their frames not differing essentially from that of man, it follows of necessity that the remedial, means to be employed must be nearly similar; and that the pernicious use of drugs should be at once abolished from the treatment of those diseases for the relief and cure of which more useful and simple means may be found." - Dr Edward Jukes, Surgeon in "On Indigestion and Costiveness", 1833

"If a student can go out with a working knowledge of ten to twenty remedies, he will do well; and even if he can put but five in their right places with certainty, he is not doing badly. Whilst we go over the entire materia medica, we do our best to give a working knowledge of a few remedies, and we find that with the majority we are able to do this. The result is, that our students have more than ordinary success from the first. They are taught - "that it is better to' give no medicine unless a distinct indication for it is seen; that remedies which impair the life, or markedly disturb any function of life, should not be used; that remedies should be given in small doses, and in pleasant forms; that remedies should be kind in their influence, relieving the unpleasantness of disease, not adding to it." - Dr John M. Scudder, MD in "Eclectic Medical Journal", 1879.

"Medicines have been made to sell, and the less value the larger

the profit. Worthless stuff palmed off for good, inefficient medicines for those of value, secret and proprietary medicines for open and good pharmacy. I do not see what kind of instruction these people could have had, but I can assure them that "honesty is the best policy." - Dr John M. Scudder, MD in "Eclectic Medical Journal", 1891.

The Danger of Drugs

Medical Drugs are essentially poisons. The degree in which they are taken determines the effect. A small amount gives a stimulant. A greater amount acts as a sedative. A larger amount acts as a poison and can kill one dead. This is true fact of any drug. The dangerous side of allopathic drugs or medicine is their potential to diminish the body's own healing work. These are Palliatives a drug or medical treatment that reduces pain without curing the cause of the pain that deceive the body with half-truths and temporary relief.

Void of All Rational

If the admission of Poisons is called Medicine and if the Allopathic Poisonous Sect administers Toxic Poisons to an individual when he is sick is this then to be called Medicine? Is this what is called Medicine to issue Poisonous Toxic Substances to an individual? We can only agree with the correct and enlightening words of Sir Arbuthnot Lane when he stated:

"I was fully conscious of the fact that if I appealed directly to the public I would incur the criticism and opposition of the British Medical Association, and of the general body of the profession. I knew I could count on the latent or possibly the active support of the more intelligent section, but that is, of course very limited in numbers." - in "Sir William Arbuthnot Lane, His life and Work".

"When one consumes a drug, the body attempts to eliminate it as quickly as possible through urination, excretion, vomiting, sweating, exhalation or through the sebaceous glands of the skin. Liver enzymes attack and break down drug molecules. At the same time, drug residues move to fatty tissues of the body and lodge there. All of the above processes occur in varying degrees after taking a drug. Drugs affect the nervous, digestive, respiratory, circulatory and reproductive systems. They cause vitamin and mineral deficiencies, altered eating habits often leading to malnutrition, and altered sleeping states. Extended use increases wear and tear on the body. We have all seen such cases; many wind up on our streets, addicted and uncared for. " - Clark Carr in "Ending Addictio".

"Everything is a poison that cannot be assimilated by the living organism and used by it to sustain life. Every substance that can have no place in normal metabolic processes of the body wastes the body's energies in resisting and expelling it, thus inevitably inducing debility and premature death. In other words, poisons are those substances which the living organism cannot use, but must resist and expel." - Dr. Herbert M. Shelton

Several drugs are habit-producing drugs; some in certain cases cause intestinal obstruction, and they may even kill. Dr Batmanghelidj in his book "Water Cures Drugs Kills" mentions an article by Rick Weiss, which appeared in 1998 in "The Washington Post":

Correctly Prescribed Drugs Take Heavy Toll

"More than 2 million Americans become seriously ill every

year because of toxic reactions to correctly prescribed medicines taken properly, and 106,000 die from those reactions, a new study concludes. That surprisingly high number makes drug side effects at least the sixth, and perhaps even the fourth, most common cause of death in this country."

How many People Die from Medical Drugs in Hospitals

In 2006 such report was published by the Institute of Medicine the report was called "Preventing Medication Errors".

"The committee concludes that there are at least 1.5 million preventable Adverse Drug Effects that occur in the United States each year. The true number may be much higher."
"In hospitals, errors are common during every step of the medication process—procuring the drug, prescribing it, dispensing it, administering it, and monitoring its impact—but they occur most frequently during the prescribing and administering stages. When all types of errors are taken into account, a hospital patient can expect on average to be subjected to more than one medication error each day."
"A conservative estimate—the total annual cost would be $3.5 billion."

When Medicine Is Futile

An article in "The New York Times", 18 Sep. 2014, gave an insight of what happens in a Medical Hospital. B. L. recalls the experiences of his father - a retired medical doctor - concerning the medical methods of treatment of elderly patients suffering from dementia or cancer:

"These patients would be admitted to the hospital with an

infection, like pneumonia. Treating these infections and the hospital-acquired ones, that sometimes followed, did not make these people better. At best, the antibiotics, preserved their poor quality of life. More often, they returned home without an infection, but even sicker than when they had arrived.... One of his patients was an elderly man who, ... had experienced months of complications and infections." My dad's role, he wrote: "was to juggle his antibiotics, risk severe toxicities from the multitude of drugs employed and constantly readjust and re-dose according to the circumstances."

Taking into consideration that the microorganisms (the micro-biome), the gut bacteria which is essential to a healthy life, and to life itself is obliterated, fumigated and killed by antibiotics. Thus we can see the absurdity of Medical Theory. To make this point clear, the following quote:

"The microorganisms that inhabit your body can be valuable allies in reducing inflammation and treating disease. Not too long ago, we thought of all germs as enemies to be destroyed with antibacterial soaps and antibiotic drugs. In the last few years, it's become apparent that the war on microbes is not just a futile enterprise, but also one that could be harmful to our health."- in "Harvard Medical Publications", 2016.

So it seems that the Medical Trade is composed by individuals who are learning utter theoretical nonsense, and killing people based on the ilogical theories they learn. No one goes to jail, there are no court judgements, there is no questions to answer, thus the Parody of the Medicine carries on. But what is more amazing is that, at least since 1908 with the work of Élie Metchnikoff, it was well known fact that intestinal bacteria is crucial to life, to sustain life, and to maintain health. No other Physician knew this first hand than Dr James Empringham. His work "Intestinal

Gardening for the Prolongation of Youth" published in 1934 is an account of this ailments and the relation between the flora of the gut, and the state of health of each individual. Apparently this information, this awareness was only re-discovered very recently by the Medical Community, never the less the madness of the use of poison drugs and antibiotics continues.

Drug Medicine, Synthetic Pharma

Killing you slowly one pill at the time!

"I am a sworn enemy of all secret remedies and patent medicines, whose composition and ingredients are enveloped in mystery. It is a great improvement in the medicine of our time, that all violent medicines have been scouted, and many doctors - it must be said to their renown - have chemically analysed hundreds of so-called secret-remedies and exposed the deception to all reasonable people. Nevertheless this ghost of secret-remedies still creeps into a thousand families and does mischief. Several calendars, also newspapers and periodicals of the last years have given lists of hundreds of such remedies and warnings against, them. Many of them have been condemned as a swindle, which the buyers, the cheated ones, often buy at dear rate with both money and health." - Kneipp in "My water-cure, tested for more than 30 years and described for the healing of diseases and the preservation of health."

"There are many patients who think that a great number of medicines, pills etc. must cure them. I remember well a very able physician who ordered as little medicines as possible, and often complained of the foolishness of persons who, against the verdict of the physician, are always crying out for medicines. If such intolerable fools came and tormented me. I gave them pills made of bread with a small, indifferent mixture, simply to give them the smell of chemistry. They took the pills, and when I saw them again, I

was sure to learn that these pills, the best they had taken in all their life, had cured them." - Kneipp in "My water-cure, tested for more than 35 years and described for the healing of diseases and the preservation of health."

"One of the first duties of the physician is to educate the masses not to take medicine." - Sir William Osler, MD in Aphorisms "Bedside Teachings", 1961.

Poisonous Medicine

The old time-worn methods of treating disease.

In modern society the sick person is "treated" by the administration of drugs or through surgical interference. When a patient came to the old-time M.D. and he complained of stomach trouble, the doctor would look at his tongue, ask a couple of questions, go to his medicine shelf and wonder whether he would give the patient Mercury or Arsenic. He would tell the suffering patient to take a teaspoonful of it three times a day before or after meals and come and see him again at some future date. If he survive the toxic and poisonous, that the Allopathic Medicine Doctor prescribes him! In England since 1858 the so-called Medical Profession, achieved its goal of claiming to itself the legal authority, of poisoning anyone and getting away with it. The result of having their activities backed by law, is in other words a true licence to kill. This law is called the "Medical Act of 1858".

Giving this Poisonous Sect the authorization to use poisons at will and to recommend unnecessary and dangerous surgery at leisure. Medicine, the Medical Trade is based in the premise that the human body has no ability to cure itself and that the doctor needed to intervene heroically often with treatments like the administration of poisons substances such as mercury and much often times needless

surgery. The term Heroic is in regards that the person needs to be very much heroic to submit to such a barbaric notion or lack of total reasoning, to an absurd method of treatment. The system of the so-called scientific medicine, is based around the administration of synthetic and sulphuric drugs, part of it, is based upon a one or two years rat study, as a base for their application upon humans. Published reports show that many of the trials are either manipulated, or simply untrue. This is well known and there is much information published on the matter. As a curiosity Medicine was given to treat George Washington on his deathbed in 1799. He was bled repeatedly and given calomel and several blisters of cantharidin to induce sweating. General Washington died shortly after receiving this rigorous medical treatment. Calomel contains mercurous chloride. And cantharidin which was first isolated in 1810 by Pierre Robiquet, established that cantharidin had definite toxic properties comparable in degree to those of the most virulent poisons known in the 19th century, such as strychnine. Despise all this evidence that Medical Science is chronically and pathological dangerous, by the mid 1920's became the predominant treatment in the USA and in many parts of Europe. Medical Trade Drugs are unnatural, therefore artificially synthetics, thus contrary to the body's nature.

Shall Physicians Become Sales-Agents for Patent Medicines

"Section 4 of Article I of the By-laws of the Philadelphia County Medical Society reads as follows:

> *"Any physician who shall procure a patent for any instrument of surgery, or who sells or deals in patented remedies or nostrums, or who shall give a certificate in favour of a patented or proprietary remedy or patented instrument, or who shall enter into an agreement with an apothecary to receive pecuniary compensation or patronage for sending his*

prescriptions to that apothecary, shall be disqualified from becoming or remaining a member."

Article VIII of the By-laws of the Philadelphia County Medical Society, accepts as an integral portion of those by-laws, the Code of Ethics of the American Medical Association. A section of that code of ethics treats "Of the Duties of Physicians to Each Other and to the Profession at Large."

Article I of that section sets forth:

"Duties for the Support of Professional Character."

Section 3 thereof condemns open or underhand advertising as "derogatory to the dignity of the profession."

"These", it says, "are the ordinary practices of empirics, and are highly reprehensible in a regular physician."

Section 4 continues:

"Equally derogatory to professional character is it for a physician to hold a patent for any surgical instrument or medicine, or to dispense a secret nostrum, whether it be the composition or exclusive property of himself or of others. For if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality, and if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them."

To the clearness and force of this dictum nothing can be added. Its wisdom and its justice are beyond dispute. To use preparations of unknown composition; to use mixtures of innumerable substances, some directly opposed to each other; to use even rational and known combinations of which the ingredients and proportions have not been adjusted to the indications and conditions of the individual case - are certainly not scientific methods or practices likely to advance rational therapeutics.

Medical men and medical journals have long made the religious press a target for satire and invective, because of the hold that the advertising quack has secured upon its columns. In an address to the Medical Society of the State of Pennsylvania at its last meeting, in calling attention to the alliance between the secular press and the empirics and nostrum-venders. I felt justified in saying that the publishers of magazines and newspapers that allowed themselves to advertise the curative virtues of this or that ready-made preparation or alleged remedial measure, to be applied indiscriminatingly to all cases - whether of one disease or of many diseases - were accessories to a crime against the unfortunate and the helpless; not alone because of the money filched from the pockets of those deluded by the false promises held out to them. Not alone because of suffering unrelieved and lives deprived of their chance for prolongation; but in many instances because of the disease and suffering and death directly produced by the poisonous compounds or noxious gases administered to any that chose to purchase. If such criticism was justified - and who is here that will deny its truth? - if such criticism was justified when applied to those who make no pretence of special knowledge or of devotion to a noble art, to those whose object is solely and avowedly commercial, what language remains to characterize the action of medical journals that permit the insertion in their columns of advertisements such as these that I pass around?

What severity of reprobation is adequate for the conduct of the Journal of the American Medical Association?

What words of condemnation are strong enough for the

physician who permits his name to be associated with these devices of the devil?

The frankly unscrupulous patent-medicine vender, the maker of "Safe-cures" or "Temperance Bitters" or "Sure Specifics", is at least to be commended for what, to paraphrase a remark of Senator Benjamin Harrison's, may be termed his "bold brutality."

His allegations of philanthropic motives are not intended to be believed; they deceive no one - they are the recognized ad captandum devices of the clever advertiser - and, in the sale of his wares, there is no pretence of examination, or of diagnosis, or of prescription based on diagnosis. Far more iniquitous and far more dangerous to society is the wily manufacturer that advertises "to the profession only."

Whether he ostentatiously holds secret the composition of his nostrum, or whether with pretended frankness he describes it with an appellative that means nothing, or publishes a formula that cannot be carried out, his object is the same. He seeks to make the physician's the hand whereby he may reach pockets shut from the coarser methods of the Warners, the Pinkhams, and the Jaynes; for, after all, it is the minority that can be deluded by the flaring posters of "Wizard Oil", or the lying testimonials of "Tonic Vermifuge". When a sick man applies to a physician, thinking that thereby he will secure the benefit of special knowledge brought to bear upon the conditions of the individual case, entrusting to the conscience of his medical adviser his health and his life, he is entitled to the skill and the thought for which he pays, and that he deems himself to be receiving. He certainly deserves better treatment than to be handed over to the mercies of "antikamnia", or "quickine", or " gleditschine", or "Freligh's tablets", or "Listerine", or any other of the unholy crew.

If such is to be his fate, let him have the satisfaction of buying the worthless or poisonous stuff direct, without the sham of a professional consultation, and without paying a purchaser's commission to the medical sales-agent. At the coming meeting of the State Society, I purpose offering the following resolutions, for which I ask the support of this

Society:

Resolved, That the Medical Society of the State of Pennsylvania hereby expresses its highest disapprobation of the practice of giving certificates or testimonials to secret preparations alleged to be of medicinal virtue, and calls the attention of the affiliated county societies to the fact that such action on the part of members of the said societies is in derogation of the dignity of the profession, and in violation of the letter and the spirit of the Code of Ethics of the American Medical Association and of this Society.

Resolved, That this Society likewise expresses its disapprobation of the practice of inserting advertisements of secret preparations in the columns of medical journals, such action being an insult to the intelligence of the profession, and a degradation of journals indulging therein to the level of the patent medicine almanac. Especially to be condemned is the action of the Journal of the American Medical Association in admitting such advertisements.

Resolved, That copies of these resolutions, duly attested by the permanent Secretary, be sent to all county societies in affiliation with this Society, to the American Medical Association, to State medical societies in affiliation therewith, and to the publishers and editors of American medical journals. On motion of Dr. J. Madison Taylor, the resolutions were adopted as the sense of the Philadelphia County Medical Society, and the delegates to the Medical Society of Pennsylvania were instructed to officially present and support them.

On 18 May 1892, the resolutions were unanimously adopted by the Medical Society of the State of Pennsylvania in session at Harrisburg. At a meeting of the Philadelphia County Medical Society, held 25 May 1892, 1,000 copies of the paper and resolutions were ordered to be printed for distribution at the meeting of the American Medical Association. Dr T. B. Schneideman, MD, Secretary, Philadelphia County Medical Society" - Dr Solomon Solis

Cohen, MD, in Proceedings of the Philadelphia County Medical Society, Distributed by Order of the Society, 1892.

Chapter 2

Our Medical Liberties

Or, the Personal Rights of the Subject, as Infringed by Recent and Proposed Legislation, Comprising Observations on the Compulsory Vaccination Act, The Medical Registration and Reform Bills, and The Maine Law

"In my humble opinion, ***there cannot be conceived greater presumption than the attempts of certain of the faculty to compel the whole people of this kingdom to submit to their treatment****, throughout whose systems so much contradiction exists, and whose opinions of the nature of disease are ever varying, while they are themselves continually denouncing each other's methods of attempting to cure. It is not because* ***poisons the most deadly are by the faculty termed medicine, and employed by them for the cure of diseases****, in their various contradictory systems (instead of one natural uniform system) for the restoration of health, that such deadly drugs can really be innocuous, notwithstanding they have been endeavouring to procure a Parliamentary enactment to force the public to employ them exclusively. In the book of nature, there is no indication to use for the cure of diseases substances which contain properties far more nearly allied to death than to life." - Joel Pinney in "The Antidote for the Causes that Abridge the Natural Term of*

Human Existence", 1847.

"Equal laws and right of private judgement constitute the glory of England.

That glory, however, has been tarnished of late by class legislation and enactments in favour of a medical monopoly.

There has been a retrogression in legislation induced by the worrying importunity of the medical profession, which appeared to feel that their craft was in danger amidst the increasing light of advancing knowledge.

A craft which in the darker ages gone by could do its deadly deeds without fear of detection, now, in these days of greater science, seeks the shelter of Parliamentary enactments to protect it in its doings.

The serfdom of ancient baronies is now sought to be renewed in the subjection of England's yeomen, life and limb, kith and kin, to the control of a few men who may, by some means or other, have managed to obtain a few pieces of parchment with broad seals attached, authorising them to physic, cut, and mangle human bodies at their pleasure.

"**The Compulsory Vaccination Act"** is a disgrace to the country and the age in which we live.

Such an act might better become the Autocrat of Russia than the enlightened and liberal administration of Queen Victoria.

Nothing is more disgusting to the scientific man than to see a man with pus in one hand and a lancet in another, and by the incision of the latter to convey the former into the vital system, of a human being.

The chances are 19 to 20 against the purity of the lymph. It may be primary lymph, that is, taken direct from the cow; but who is to guarantee the entire healthfulness of the cow?

It may be secondary, as it is called, that has been taken from a child; but who is to know what diseases that child may inherit from his ancestors?

These questions are too frequently answered by the agonised mother,who, after the vaccination of her child, sees

the fine indications of vigorous health no more in her babe; it is no longer her joy and her pride; it is no more presented to assembled visitors to admire and enhance their pleasure by a hearty kiss of its ruddy checks: no, it is now transformed into the scabby, loathsome thing that must be concealed, and kept away from all company.

And when the mother applies again to her medical attendant, and, almost frantic, inquires:

"What can be the cause of this change?"

She receives the cold-hearted reply:

"Oh, perhaps the vaccine matter was not quite so pure as I thought it was."

An injury has been done to the child's constitution which the medical man, though he may have all the diplomas and certificates which colleges and halls can confer, cannot repair.

It is revolting to every Englishman's best feeling to have any man enter his house armed with the authority of law to convey a disease to his children whether he is willing or not.

The next step in this direction, and not an improbable one, may be that the men of the medical profession will endeavour to get a bill passed, giving them power to meddle with our wives as well as with our children: the law that has passed is not less monstrous than the one we have supposed may be sought.

The sacredness of home is invaded in both.

The pamphlet before us is sound in its reasoning, clear in its statements, rich in quoted authorities, and valuable for its statistical information.

We can most heartily recommend it to the attention of our readers, assuring them it well deserves a careful reading.

Our space will not allow us to make very large extracts, but we cannot forbear giving a quotation from the conclusion:

"Britons! guard well your hard-won, precious rights. Surrender not even that one, which, in the immensity of your riches, may appear of trivial value. Keep your medical liberties intact. You must preserve them all, or you must lose them all; and remember that with them must be lost, or preserved, no small portion of your civil and religious liberties as well; they are all intimately and inseparably united. Let no unhallowed tongue beguile you - let no unhallowed hand despoil you".

- John Gibbs, Esq., London, "A Review" in the Botanical Journal, 26 August 1854.

Compulsory Vaccination Act What Foolery in the 19th Century

"John Gibcs, Esq., Sussex, we learn from a letter of his to the Messrs. Morison is about to publish a Second Pamphlet on the above subject and Act.

The readers of "The Hygeist" know that a few months ago this gentleman published his first pamphlet, exposing the cruelty, the wickedness, the despotism, of passing such Acts as to compel all parents, under pains and penalties, to vaccinate their children.

These and many other terrible facts, he disclosed in his pamphlet.

We know nothing as to what school of medicine Mr. Gibbs belongs, nor do we much care, seeing he belongs to the school of medical freemen; and is an educated, able, dignified, advocate of the freedom of the subject, whose inherent right is to adopt, without any legal obstruction, any system of medical treatment he may for himself think best.

In the letter referred to, he most properly suggests the idea of a union among all medical dissentors, not only with

the view of obtaining the repeal of the above Act, but to watch and **guard in future the medical rights of the public, which the doctors are constantly endeavouring to invade, by their bigoted tools in parliament.**

But who are medical dissenters?

Why, Hygeists, Hydropaths, Homeopaths, Botanists. Mesmerists, and many other medical sects; but does harmony reign even in the schools of the common systems? Why no. In them confusion and contradiction reign triumphant!

Opposite systems, and contradictory practice, characterise the whole length and breadth of their proceedings; and, therefore, they are all properly speaking dissenters together, each one against another, and each medical school against its neighbour!

Medical dissenters all; and yet they have the audacity, to pray parliament to put down by law, every system that has had the manly courage to plant its standard on the free soil of Britain, regardless of the schools of the false prophets, who have not yet learned to teach either themselves or the public, the very first elements of demonstrated medical truth.

We will hail with pleasure the appearance of Mr. Gibbs new work." - A Reviews in "The Scottish Herald of Health and Temperance", February 1855.

Medical Legislation in England

"One of the most notable facts connected with our present system of legislation, is the singular facility with which scheming and interested parties can procure acts of Parliament in their own favour, when there is no one to oppose them but the public. Whether it be the Remembrancer of the city of London who quietly slips into a bill a clause imposing a tax of four shillings per chaldron on all coals entering the port of the metropolis, or a provincial Pier Company which obtains the privilege of charging all

passengers who land or embark the sum of two shillings per head as pier dues, whereby the said Pier Company received no less than seven thousand pounds from the passengers of a single steam-boat in a single season, - there seems to be no difficulty in procuring the authority of the imperial State for almost any measure, provided it does not involve a strife between her Majesty's Ministers or her Majesty's Opposition.

The interests of party sharpen the wits of the deliberative wisdom of the nation ; but where those interests are not supposed to be present, the easy and good-natured Legislature is willing to oblige all classes of her Majesty's subjects. Such at least would seem to be the case with; regard to the Vaccination Extension Bill, - a measure which last session rendered it imperative on every parent or guardian of every child born in England after the 1st August 1853 to cause the child to be vaccinated within a specified time after birth, unless vaccination be postponed under a medical certificate, or series of certificates, of unfitness; and that a pecuniary penalty shall be inflicted for non-compliance with the requirements of the act. On the propriety or impropriety of vaccination we have nothing to say, we leave that entirely to the medical profession.

But when the Legislature assumes the office of pronouncing on medical theories and medical facts, and imposes on the lieges of the realm an obligation to adopt certain speculative measures for the preservation of the national health, we think that the Legislature has entirely overstepped its legitimate boundaries, and intruded on a province which by no means concerns it.

At present the act extends only to England, but rumours are afloat that Scotland may also, at some future time, be subjected to a similar course of experimentation; and we should like to have the judgment of our northern faculty before we are invaded by compulsory medication. The State is as much out of its proper place in prescribing vaccination, as it would be in prescribing “Cockle's Pills” or “Lococks Lozenges” and we regard this invasion of the parental authority as mere subserviency to the clamour of a medical

party which has nothing to recommend it save the noisiness of its presumptuous claims. The whole outcry of English medical reform is little more than an agitation of interested quacks and place-hunters. Some twenty years since, the agitation began, conducted at that time principally by that ingenious personage Mr Wakley, who aspired to the office of coroner for London. It had been customary to appoint a barrister; but Mr Wakley, calculating on the facility with which the Londoners are engaged in the petty warfare of party, raised the cry of the profession, and London was placarded with bills urging the appointment of a medical coroner.

The bait took remarkably well. The doctors and apothecaries worked strenuously for the medical reformer; and Mr Wakley, who was by no means in flourishing circumstances, stepped into the lucrative office. Since that time medical reform has been a favourite subject with the scheming portion of the profession; but, to show how' much it is worth, we may mention the fact, that though Mr Wakley gained his election entirely on the ground that the coroner ought, as he said, to he a medical man, when he was appointed he installed his own son as assistant-coroner, and that son was a barrister, or at least studying for the bar.

That the medical profession in England requires not merely a reform, but a thorough revolution, will be easily admitted by any one who knows how the unfortunate English nation is drugged and doctored. It is not an uncommon circumstance for an English family, even in the middle rank, to consume year by year, 40, 50 or 60 pounds worth of drugs.

In Scotland, a similar family would not consume as many shillings' worth. In Scotland the practice of medicine is a profession, and the patient pays for the skill and attention of the medical attendant, who has no interest in the administration of noxious substances. But in England it is neither a profession, nor an art, nor a science, but a trade; and medical reform, as hitherto advocated, means nothing more and nothing less than an attempt to procure a legal monopoly of the trade of drugging. Of course, we except the

physicians (some of them only), and the operating surgeons; but these form a small portion of the profession, and are to he found only in a few of the large towns, such as London, Liverpool, Manchester, Birmingham, etc.... The great mass of medical men in England are general practitioners, that is, persons who are licensed to drug the population. Their art consists in the administration of a mixture, a 6 or 8 ounce bottle, containing liquid, for which 3s Gd is charged, draughts generally put up in packets of 4 or 6, charged a shilling or 18 pence a-piece, a box of pills charged from a shilling to half a crown, according to size, no matter what they contain, and a lancet (1).

With these as the authentic stock in trade, sanctioned by conventional use, the practitioner passes through life, his deliberations conducted with mock solemnity, ending invariably in the prescription of a mixture, a packet of draughts, a box of pills, or a touch of the lancet. It is thus no rarity to find in an English house half a bushel, or perhaps a whole bushel, of doctor's bottles, the contents of which are legally supposed to have conduced to the health of the community. That such a system requires reform, it needs neither a medical association nor an act of Parliament to assure us. It is a system of unblushing and atrocious quackery, almost justifying the philippic of Sir Astley Cooper (2), when he said that the science of medicine was:

> *"founded in conjecture and improved by murder."*

No wonder that the celebrated Dr James Johnson (3), in the heat of his honest indignation, gave utterance to the never-to-be-forgotten declaration:

> *"I declare it to be my most conscientious opinion, that if there were not a single physician, or surgeon, or apothecary, or man-midwife, or chemist, or druggist, or drug, in the world, there would be less mortality amongst mankind than there is now."*

From the long continuance of the present system, the people of England have been educated into the habitual practice of consuming enormous quantities of drugs, and consequently England is the finest field in the world for quacks and quackery.

The unlicensed practitioner finds the ground thoroughly prepared for him, and he has only to apply a little extra stimulus in the form of effrontery and pretension, to attract to himself the medicine-taking propensities which have been generated by the legally qualified profession.

This is a trespass on the legal rights of the licentiates, and medical reform means an act of Parliament to prevent this trespass, and **to secure the monopoly of the field as the exclusive domain of the legal druggers.**

Modest Dr Ebsworth, one of the reformers, considerately exclaims:

> *"Let us not flag till we have obtained a recognition of our deserts. The public were made for us, not we for the public."*

If medical reform meant a reform in the practice of medicine, if it meant sanitary reform, or anything that would conduce to the public health, it should have our hearty approval.

But when it comes forward as the war-cry of a party fighting for mere pecuniary monopoly, we have no sympathy with it, and only regret that the indifference of Parliament should give the sanction of law to such questionable schemes. We have made these few observations for two purposes; in the first place, should Scotland at some future period be threatened with a compulsory vaccination act, we should like to elicit the impartial judgement of the Scottish medical faculty on the genuine merits and demerits of the vaccine process.

That it does not prevent the recurrence of the disease, is plainly evident from the fact, that:

> ***"Out of 800 patients admitted into the Small Pox Hospital in 1852, only 230 were unvaccinated; in other words, 570, or considerably more than two-thirds of the whole, had been vaccinated."***

There is also a strong suspicion, based on the experience of many eminent medical men, that it not only introduces other diseases into the system, but that **some children**:

> ***"Never enjoy good health after vaccination."***

If such be the case, a legislative command to vaccinate is rather too serious an invasion of the rights of parents to be tolerated without a much fuller inquiry.

Death itself appears to be occasionally caused by the application of the vaccine virus, perhaps principally in London, where erysipelas appears to supervene, and in such a case the command to vaccinate is a command to sacrifice the child.

Our second purpose is to direct attention to the able pamphlet of Mr Gibbs. It is written in a manful, straightforward, and even eloquent style.

> *The author rides over the medical profession roughshod, without the slightest remorse, and, considering what the practice actually is in England, we can easily forgive his vehemence.*

> *"Once begun," he asks, "where is such legislation to end? Is every presumed good thing in medical practice to be forced upon us? If*

one thing, why not another? Are we to be leeched, bled, blistered, burned, douched, frozen, pilled, potioned, lotioned, salivated, not only secundum artem, but by act of Parliament? The glorious uncertainty of law added to the glorious uncertainty of physic!"

We are happy to find that this course of medical legislation has met with so able an opponent as Mr Gibbs, who is already known to literature as the author of the interesting "Letters from Graefenberg".

1. Lancet: A sharp, pointed, two-edged surgical instrument used in venesection and for opening abscesses etc.

2. Sir Astley Paston Cooper: 1st Baronet FRS (1768 –1841) English surgeon and anatomist, who made historical contributions to otology, vascular surgery, the anatomy and pathology of the mammary glands and testicles, and the pathology and surgery of hernia.

3. James Johnson (1777–1845) British writer on diseases of tropical climates in the first half of the nineteenth century. At the age of 15 he became an apprentice to a surgeon-apothecary in Antrim for 2 years. After spending two further 2 years in Belfast, he moved to London for the surgeon's examination, which he passed in 1798. Immediately afterwards, he was appointed surgeons's mate on a naval vessel, on which he sailed to Newfoundland and Nova Scotia. In 1800 he took part in an expedition to Egypt and, in 1803, sailed for India." - John Gibbs Esq., in "Our Medical Liberties, or the Personal Rights of the Subject as Infringed by recent and Proposed Legislation - A Review", The Witness, Edinburgh, 15 July 1854.

Medical Act 1858

Four years after this article was published the Allopathic Medicine achieved their political goal, to have the exclusivity claim to Medicine. Medical Schools such as Hydropathy, Homeopathy & Eclectic Medicine could now be removed from competition. With this piece of legislation the Medical Trade established the foundations for what would become the de facto monopolized one method only view and take on Medicine. The Medical Act 1858 gave the Medical Trade the protection by legislation and common law under the Medical Act 1858, this Act basically legalized all poisoning of the public by poisonous drugs made with poison agents and substances, the unnecessary mutilation of patients by needles surgery, people now could be killed, poisoned and mutilated and all would be legal.

Chapter 3

The Grounds of Non-Confidence In Drug Medication

"In truth, when medicine shall have once acquired fixed principles and a salutary harmonious practice, systemists will then find no supporters, and impostors no employers." - Joel Pinney in "The Antidote for the Causes that Abridge the Natural Term of Human Existence", 1847.

"Medical Treatment: is mainly masking, modifying, or temporarily abolishing symptoms or effects, most of which disappear of themselves when the cause in the mind or the manner of life is put right." - Dr Ulric Williams, MD, "Hospitals and Hooey or Health?", 1941.

"The search after remedies, and the multiplication of their forms, are a necessary result of man's instinct of self-preservation, and his innate desire of health. To remove pain, to mitigate infirmities, and to prolong life, the stores of air, earth, and water are ransacked, and the Chemical force of fire invoked. On every discovery of natural objects, the earnest inquiry is: Will it afford a fresh weapon for the arsenal of physic?

The Chemist and Pharmaceutist set about analysing its constituents, extracting its "active principle", and assigning it a place in the Pharmacopaeia. Even before the properties and laws of a new "article" have been investigated, or conclusive experiments made, some medical celebrity has already, on the strength of a few isolated cases, established a theory on it; promulgated his dogma; given it a fashion; and won it a reputation. Such is the history of many medicaments celebrated in their day. But the reputation proved false; the dogma fruitless; the fashion vain; the

theory empty. The post "Hoc ergo propter hoc" (after this, therefore because of this) logic is the greatest vice of medical speculations, and the source of the most grievous practical errors. The obscurity and uncertainty of physic have, indeed, in all ages been fearfully destructive of human life. Boerhaave said it had been better that Peruvian Bark had never been known, for it had killed more people than all the armies of Louis XIV: What shall be said of Mercury, then? Have Napoleon's armies immolated more victims?

The favourite standard, and much vaunted weapons of medical warfare, are all elaborate poisons; e.g., mercury, antimony, opium, colchicum, foxglove, aloes, elaterium, hemlock, hellebore, henbane, stramonium, scammony, gamboge, colocynth, rue, jalap, broom, lead, copper, tin, silver, prussic acid, and arsenic. Their being poisons would be no valid argument against these substances being used as remedies: for the plainest articles of diet, if unduly used, would act perniciously.

The difficulty is, precisely, to know the due use of the articles in question-their doses, their modes of use, the circumstances under which they are to be used, the cases and constitutions they are fitted for, and the proper mode of preparing them, so as to develop their medicinal virtues.

As administered according to medical "use and wont", (for there is no more accurate guide of practice), they are fearfully uncertain in their effect, as well as sophisticated in their preparation by the frauds of the dealer or the errors of the laboratory. A dose that is inert to some constitutions acts as a poison to others. That you cannot safely experiment with these articles will surely be admitted by every one, who considers that the stomach is a delicate, sensitive, vital structure, not tinned like a tea-kettle, or cased with cast iron.

In the arts of life we use strong materials for rough usages; not so with the drug doctor. The enumeration of this farrago of medicines-the boasted "sheet anchors' of practice may well suggest the doubt to every reflecting observer, whether such violent and corrosive substances, forced by the tyranny of medical dictation into the human stomach to quell disease, do not produce more distress in the economy

than that which they are intended to remove?

Whether the remedy be not worse than the disease? Whether physic has not been more destructive than beneficial to the race of man?

It has been supposed that, if a calculation could be made of the numbers injured or benefited by medical art, the balance would preponderate against the physician! This is the gentlest putting of a fearful truth. It is the very violence of the action of drugs that spirits up the faith of the laity therein, and gives them their popularity.

The unnatural excretions they produce (and which is generally the result of mere chemical changes) is considered a proof of their salutary action in ridding the system of what they call "bad stuff". Some are not satisfied that they can be cured of so simple a matter as a broken, bruised, or cut limb, unless they be freely bled, drugged, and drained in every way, unless put to extreme pain by racking pills and nauseating draughts.

To prescribe the painful, and to proscribe the pleasant, is a certain test with them of the due and orthodox consideration of a Case! The stomach of man was intended by the Author of Nature only for food and drink. This is very manifest.

The introduction of medicines, or articles foreign to nutriment (as stimulating condiments, alcoholic drinks, &c.) was never contemplated.

In the economy of natural digestion there is no provision made for the disposal of such substances.

On the contrary, where introduced, their only effect is to rob the stomach of its inherent healthy powers and juices.

The gastric juice is a fluid most precious in the economy, never to be imitated or substituted by art, and therefore never to be lightly or bootlessly wasted, afluid that is excreted on the introduction of food, or other body which, by its size or nature, rouses the vermicular movements of the stomach.

Medicines therefore, in virtue of their irritating qualities as well as by their bulk, must necessarily prove exceedingly injurious in all cases of disease, but doubly so where the fine tunics of the stomach are the principal seat of

such a malady. Inasmuch as they task the organic powers to a vain effort, and elaborate the rarest and most expensive fluid of the economy only to throw it away, thus depriving the food afterwards to be introduced, of the wherewithal for its own digestion.

The useless waste, in this manner, of the real solvent of the food, is The Greatest Injury that could be inflicted on the system; for it Dries Up, at the fountain-head, the source of all repair and restoration, and destroys the fundamental condition of health - the essential element of physical "bien être" (well being).

Thus that which should be a laboratory of nourishment, and a fountain of strength and stamina to the constitution, becomes, in a greater or lesser degree, by the use of drams or drugs, only a source of irritation, discomfort, and disease.

> *"No disease can be cured by drugs without injury to the health; for the remedies employed for this purpose always cause some excessive and unnatural action of the body, which lessens its power." - Dr. Trueman, in his work on Food.*

The administration of drugs goes upon the principle of inflicting a lesser evil to avoid a greater. No positive results can ever be attained in the old path of Physic.

This is manifest to all unprejudiced medical men, and to every thoughtful layman. Because by the employment of several active medicines at one and the same time, (as is invariably the practice) it is impossible to form a rational judgement of their respective curative influence.

The successful issue is more the result of accident than of calculation. It was once not an uncommon thing to mix a 100 ingredients in one nostrum! What will be said of the essence of dead men's skulls, peacocks dung, the scrapings of the wool of sheep, all veritable prescriptions in their day!

But to come to the more moderate, recent, and scientific combinations, how can the properties of any individual medicine be thus discriminated?

How separate the inert from the active, the useful from

the useless or the hurtful, and that which cures from that which aggravates?

How inefficient, how pernicious, the practice of Medicine has been in past times, it needs no ghost from the other world to tell us; otherwise an innumerable host of departed spirits might be summoned up from "the vasty deep", helped there, or sent there, before their time.

The records of the mighty dead mournfully speak on this theme, names dear to science and literature, renowned for religion, illustrious in art, or eminent in politics, all prematurely removed of the fields of their fame, and from scenes of labour they could ill be spared from, and hardly be replaced in. Let each reader pause here, and bid, the while, memory do her task-let him penetrate the long vista of elapsed years, and contemplate the breaches in his family and social circle that can never be repaired - friends and kindred gone before the time of Nature, or likely to go!

Let him survey the dark funereal scroll of the past, and then declare how much room there remains for improvement in the god-like Art of Healing! But what have said some of the sages and oracles of physic on the subject? Let us hear their confessions, their death, bed confessions they might be styled. Was their faith in their own system such as to encourage the confidence, and settle the belief, therein, of the laity?

Radcliffe said:

> *"On entering my profession, I deemed I knew 100 remedies for every disease; now, alas! at the close of my career, I leave 100 diseases without a remedy".*

What was the testimony of Baillie, a great master in his art, and, in his day, the undisputed monarch of practice - medicorum facile princeps? In the prospect of going to render up his great account, his conclusion of the whole matter was this:

> *"He had no faith in medicines whatever; he neither knew their*

manner of action, nor the principles which should regulate their administration".

Medicaments in Daily Use

As regards the great bulk of the medicaments in daily use, and as respects even the simplest of them, we know nothing very accurate as to their really useful principles.

The pathological states that indicate them, their doses, their modes of action, and effects, general or especial, primary or consecutive, local or constitutional; not even in any one given disease.

If this be the case in regard to any single remedy in any single disease, how much more difficult must be the inquiry, when the question is of some 3 or 4 or 6 contradictory ingredients combined into one heterogeneous melange, and of their operation in a multitude of diseases?

How far does not one drug or combination destroy the effect of another, if it does not alter its properties, so as to form a tertium quid, widely different in its effects from those intended, if it be not absolutely pernicious?

So little has yet been determined in this domain of Medicine; and so wide a field yet remains to be explored! Science has advanced in all other points: here it has been stationary; remaining, save in a small number of cases, almost in the primeval uncertainty in which the Father of Physic himself left it.

It is only a dictate of common sense, that, to prescribe a remedy with confidence, and to employ it with skill and success, its action must first be sure and well-determined.

The enlightened treatment of diseases must be founded, not only on sound views of Pathology, directed by accurate powers of observation, and habits of profound reflection, but on an intimate knowledge, or at least a satisfactory theory, of the modus operandi of the means we employ to

combat it.

Otherwise we fight an enemy in the dark; we deal our blows indiscriminately or bootlessly injuring what we should protect - repelling where we wish to conciliate - and irritating where we intend to soothe. We thus confess ourselves, indeed the vain practitioners of a conjectural art; if we are not, in too many instances, but licensed manslayers - the not guiltless administrators of a public bane. What is blind empiricism, if it be not the employment of remedies, whose action is unknown or uncertain, against disease whose real nature is equally obscure?

> *"Alongside Comorbidity and Multimorbidity, comes Polypharmacy: or the prescription of many medications. An audit I carried out a few years ago in an acute admission ward for older people revealed the average number of prescribed medications per patient was 7.*
> *I frequently meet older people who cannot tell me why they are taking certain medications, as well as individuals who have had medications prescribed for many years." - Sarah McGeorge in "Morbidity", Nursing Older People, Royal College of Nursing, June 2011*

Polypharmacy

The present and past system of Polypharmacy is the relic of a barbarous age - the noxious produce of a noxious seed, sown in the infancy of the sciences. The epoch of the Crusades was a time wherein the imaginations of men ran riot. Credulity would weigh no evidence; and zeal would brook no checks. The Saracens, who then occupied Spain, and who brought along with them the medicaments and prescriptions of the Arabian physicians, first introduced to Europe the Medicine-Mania.

The revival of letters had not yet turned up from the dust of ages the tomes of Hippocrates, or of Galen. It wanted not,

at the era in question, the vagaries of oriental fancy, to invest their drugs with miraculous virtues. During the subsequent reigns of Astrology and Alchemy, the search for "the philosopher's stone" and the "elixir vitae", resulted in the torturing of herbs and minerals, and in the addition of a host of "specifics" to the Arsenal of Physic.

At the present day, our therapeutical resources are multiplied beyond all precedent. But, unfortunately, science here has mistaken her true direction: she has given us weapons, but has not taught us how to use them.

It is this which has brought the reproach on medical practice that has fallen on it. It is no light matter to deal in poisonous remedies, the indications and contraindications for which are far from accurately taught in the public schools, and are not easily appreciated in private practice.

This branch of physic has never been made an exclusive study, as it deserves. With the best remedies, the modification of their use necessitated by the stage or complications of a given disease, the constitution, temperament, habit of body, mode of life, &c., are almost unascertained. These modifications are so subtle in their nature, and the precepts of practice they involve so numerous, that unless an era should arrive, wherein "the division of labour" will appropriate to each practitioner but one exclusive class of cases - until such an Utopia of Physic exists, drug-medication will always be, as it always has been, a very uncertain, insecure, and conjectural art.

As administered by 9/10 of practitioners, medical means but too often lengthen the duration of disease, increase its complications, neutralize the efforts of nature, aggravate the sufferings, and hasten the doom of the patient.

The most liberal exhibitors of physic are not the best practitioners; nor do the people who most dose themselves with drugs get soonest rid of their complaints.

The physicians who have practised longest, and used medicines most, finish with a very heretical profession of faith in them. The abuse of medicine is, probably, as gigantic an evil as the abuse of liquors - perhaps greater; for it slays unwitting and unwilling victims.

The lengthened and varied list of medicaments for specific complaints, and the nearly equal results obtained in the same disease by the most conflicting modes of practice, provided, as Dr. Billing has remarked, the practitioner be a man of sound discrimination, prove that the benefit is not owing to any specific or occult virtues residing in the drugs." - Dr John Balbirnie, MD, in "Hydropathic aphorisms the simple treatment of disease contrasted with medicinal abuses, or, The why and wherefore of the water cure", 1859.

"We found a high burden of polypharmacy in patients near the end of life. The average number of medications taken per patient was 11.5; almost 1/3 of patients were on 15 medications or more during the study period. Importantly, these medications were all nonstatin medications, which, according to study protocol, all patients were taking at the time of study enrollment. Therefore, the total burden of polypharmacy in each patient is actually higher. A significant proportion of patients near the end of life were prescribed medications to control or prevent none life-threatening comorbidities. The most common class of medications prescribed in this particular cohort was anti-hypertensives. Aspirin and metoprolol were also very common. Also of note, opioids were not among the most common classes of medications, which counters the perception that pain medications comprise the majority of the pharmacologic toolbox used by palliative care clinicians." - in "The Burden of Polypharmacy in Patients Near the End of Life", Journal of Pain and Symptom Management September 2015 .

Chapter 4

Pharma

"The medical profession as a group is preoccupied with the profit potentialities of miracle drugs. If they knew as much about health as they do about illness, they could serve the public more constructively. Health can be purchased in a well - organized food culture - it cannot be purchased as a commodity in hospitals, clinics, or custodial institutions. In the last analysis, physicians, hospitals, and other medical service institutions are in the business of treating sickness. Until we overcome our distorted therapeutic habituations and cease to think in terms of remedial measures for sick people, our health programs shall be farcical." - Dr N. Philip Norman, MD in "American Journal of Orthodontics and Oral Surgery", Vol. 33, Issue 11, Nov. 1947.

"His belief that over-treatment with drugs was one of the medical errors of the day has been hinted at, and it was always one of his favourite axioms that no one individual had done more good to the medical profession than Hahnemann, whose therapeutic methods had demonstrated that the natural tendency of diseases was toward recovery, provided that the patient was decently cared for, properly nursed, and not over-dosed." P. 171

"For the crass therapeutic credulity, so widespread today, and upon which our manufacturing chemists wax fat, there is no more potent antidote than the health skepticism bred in long study in the post-mortem room." P. 249

"Whenever there were cold about he was almost certain to be victimized and it became his custom to surrender immediately, to remain in bed for a day or two and to saturate himself with literature in lieu of drugs." P. 324

"His only weak spot was in therapeutics, if a healthy

skepticism concerning drugs may be regarded as a weakness." P. 340

"Osler is a therapeutic conservative, a therapeutic skeptic, though by no means a nihilist. 'Many specifics have been vaunted in scarlet fever, but they are all useless.' 'Pneumonia is a self-limited disease and runs its course uninfluenced in any way by medicine. etc' These are hard words for the neophyte but not for the experienced. Drugs, drugs is the cry of the average doctor, and the average patient, too. But drugs are not all, and in many cases it is well for us to remember their uselessness as compared to other means. Weir Mitchell, in his little book on Doctor and Patient, admirably puts the fact that, all along the history of medicine, the really great physicians were peculiarly free from the bondage of drugs." P. 359

"He does not spare the physician who 'without physiology and chemistry flounders along in an aimless fashion, never able to gain any accurate conception of disease, practicing a sort of pop-gun pharmacy, hitting now the malady and again the patient, he himself not knowing which." P. 408

"To accept a great group of maladies against which we have never had and can scarcely ever hope to have curative measures, makes some men as sensitive as though we were ourselves responsible for their existence.

These very cases are 'rocks of offense' to many good fellows whose moral decline dates from the rash promise to cure. We work by wit and not by witchcraft, and while these patients have our tenderest care, and we must do what is best for the relief of their sufferings, we should not bring the art of medicine into disrepute by quack-like promises to heal or by wire-drawn attempts at cure in what old Burton calls 'continuate and inexorable maladies.

From The Treatment of Disease BMJ, 1909, ii, 185-9.... the great struggle with that many headed monster, Polypharmacy - the practice of discharging a heavily- loaded

prescription at every malady, or at every symptom of it.... I have often been branded as a therapeutic nihilist... I bore this reproach cheerfully, coming as I knew it did, from men who did not appreciate the difference between the giving of medicine and the treatment of disease." P. 865

"He went on to discuss the 'specious and seductive pamphlets issued by pharmaceutical houses' which 'indicate a thralldom not less dangerous than the polypharmacy from which we are escaping'; the other 'the outbreak of faith-healing which seems to have the public of the American continent in its grip'. 'The less the clergy have to do with the bodily complaints of neurasthenic and hysterical persons the better for tier peace of mind and the reputation of the cloth." P. 866

"I had a good night, and smell the rose above the mould this morning. And on being asked to explain this he replied that Thomas Hood's 'Stanzas' was a good poem for doctors, and all should know it. And so things dragged on, with increasing fever and cough, till one day between his paroxysms he announced that 'pneumonia at 70 is fatal; here is a list of people to give my love and good-bye to.'

But in spite of his premonition, the irrepressible spirit and sense of humor was usually uppermost, and it was rare for the mould to get the upper hand....

I have had a ____ of a time, yet with it all no pain, no headache, distress only when the heavy paroxysm of coughing grips me in a convulsion. There is nothing I do not know of the varieties and vagaries of coughs and coughing - the outcome is far away. Shunt the whole pharmacopoeia, except opium. It alone in some form does the job. What a comfort it has been." P. 1357

"Sister Edwards his nurse wrote "When every night between the hours of 2 and 4 a.m. those dreadful attacks of coughing were at their worst, he never complained, and though utterly exhausted with the effort his face would suddenly light up and his eyes flash as he made some

humorous remark. He disliked mixtures very much and would as he put it only take something 'plain'...

Why spoil a wonderful drug like opium by mixing it with inferior things?' he would say.... I am quite sure that he knew from the first that his illness would prove fatal...once after the consultants had left him, with a cheery word about his recovery to which he had as cheerily responded, he looked up at me and said, 'Ah, Sister, we know, don't we?" P. 1359

"All bronchial therapy is futile - there is nothing my good doctors have not made me try, but the only things of any service whatever in checking the cough have been opiates - a good drink of the paregoric bottle or a hypodermic of morphine. I have a splendid nurse." P. 1361 - Harvey Cushing, in "The Life of Sir William Osler", 1940.

Dr. William Osler on Pharma

"The new school does not feel itself under obligation to give any medicines whatever, while a generation ago not only could few physicians have held their practice unless they did, but few would have thought it safe or scientific.

Of course, there are still many cases where the patient or the patient's friends must be humored by administering medicine or alleged medicine where it is not really needed, and indeed often where the buoyancy of mind which is the real curative agent, can only be created by making him wait hopefully for the expected action of medicine; and some physicians still cannot unlearn their old training. But the change is great.

The modern treatment of disease relies very greatly on the old so called "natural" methods, diet and exercise, bathing and massage, in other words, giving the natural forces the fullest scope by easy and thorough nutrition, increased flow of blood, and removal of obstructions to the excretory systems or the circulation in the tissues. One notable example is typhoid fever.

At the outset of the nineteenth century it was treated with "remedies" of the extremist violence, - bleeding and

blistering, vomiting and purging, and the administration of antimony and mercury, and plenty of other heroic remedies. Now the patient is bathed and nursed and carefully tended, but rarely given medicine.

This is the result partly of the remarkable experiments of the Paris and Vienna schools in the action of drugs, which have shaken the stoutest faiths; and partly of the constant and reproachful object lesson of homeopathy.

No regular physician would ever admit that the homeopathic preparations, `infinitesimal', could do any good as direct curative agents; and yet it was perfectly certain that homeopaths lost no more of their patients than others did.

There was but one conclusion to draw, —that most drugs had no effect whatever on the diseases for which they were administered." - in Encyclopedia Americana, Vol. X, under the title of "Medicine" 1920 by Dr. William Osler, MD, & also in “A Concise History of Medicine”, William Osler, Medical Standard Book Co., 66 pag., 1919.

Chapter 5

Medical Science

"When science cannot be made logically to parallel truth, then science is a lie." - Dr John Tilden, MD

"The chemist well knows the fact that if he wishes to determine the result of mixing two chemicals, he must know the composition of both. The composition of living protoplasm is today just about as unfamiliar to us as it was 50 years ago, and it is probably impossible for us to determine the composition of living protoplasm, for the moment the chemist attempts to analyse it the protoplasm is killed. While we know the composition of dead protoplasm we have no idea of the changes that take place in passing from life to death. As the effect of drugs in the main is a chemical reaction upon protoplasm, we are not in a position to determine the effects we are going to produce upon the body, and we have very largely to determine our results and regulate our practice by empirical prescribing. If we are treating a case of sciatica by drugs we put something into the stomach that goes throughout the organism, and no matter what good results we may obtain, we have no idea of the damage that may be done to other cells." - Dr John P. Arnold, MD, of Philadelphia, in "New York Medical Journal", 13 May 1905.

"We presume most of our readers will be surprised to learn that a relic of the dark ages is still to be met with in every prescription written by their physician.

Yet it is so, as every intelligent practitioner knows.

When the moon and stars and the fates were supposed to exercise an influence upon disease and medicine, those who administered it were accustomed to attach the symbol of

Jupiter to the potion, with an invocation that he would bless its action.

The symbol and invocation are expressed by the accompanying illustration which we have taken from the Graefenberg Manual of Health, a work which contains more valuable matter than any other of its size in the world; it is prefixed to every order for medicine given by any physician, and is usually supposed to stand for the word recipe.

We have given the correct origin of it however, though we would not mention it to find fault with the doctors, did not their almost insane determination to hang on to old relics, lead them to write their prescriptions in a dead and barbarous language, and thus mistakes are often made, involving life and death by the misapprehension of a word.

For instance, suppose a physician wrote,

℞ Hydrarg chlor. mit gr. Xviii.
Pulv Aecacia
Syrupi a a q. s.
Misce et fiat massa in
pilulas 18 dividenda.

This is an ordinary prescription for calomel pills, 1, 2 or 3 of which would frequently be ordered, and which would be considered a very harmless dose by those who use calomel at all.

A prescription exactly like this with the exception of the first line, would read:

℞ Hydrarg chlor. cor. gr. aviii, but it would call for Corrosive Sublimate, one pill of which would be certain death.

It will be noticed that the only difference in the two is the little word "cor" and "mit"; a physician would hardly make the mistake, but a druggist might easily do so in reeding over a prescription written in a crabbed hand, or a person not fully acquainted with his business, and there are many such, might confound the two, and death be the inevitable

consequence. Such mistakes are oftener made than people generally are aware of.

Again, sometimes a physician is called in and finds nothing particular the matter, though there is a little sore throat, which gives him a slight chance. It will not do for him to lose his fee, and he desires to impress the patient with a respect for his profound knowledge, and so he writes,

℞ Pulv Piperi Rubri

Hydro Chloridii Sodi α α 3 ii
Acidi Acetici
Mellis Despumati α α 3 αυ
Agua Pura 3 viii
Misce, Fiat Gargarissima
Sigma, Swmanter, pro renata.

This prescription is taken to the apothecary, who proceeds with an air of great wisdom to make it up, charging a round price for it, and the patient wonders, no doubt, when he will ever know as much as the doctor.

Suppose now the physician had written in plain English, it would read:

"Take 2 drams each of red pepper and salt; a table spoonful of vinegar and honey; mix them with half a pint of water, make a gargle, and use when necessary."

If physicians would write a plain order for Graefenberg Vegetable Pills instead of making themselves ridiculous by turning salt and vinegar into Latin, we submit that they would retain more real dignity, and have a better claim to public confidence than they now have." - in "The Grafenberg Company's Health Almanac, for the year of our Lord 1857" page 19.

On the Influence of the Medical Profession on the Manners

"If great respect is paid to speculative science, to pure mathematics, to astronomy, to metaphysics, to all the effects of ingenuity which terminate in the sublime and refined pleasure of intellectual exercise; how much more justly is it due to a science which prepares itself by speculation, merely that it may descend to pool.: that it may learn to assuage the agony of pain, resucitate the langour of sickness, preserve or restore the impaired senses, render old age easy, and lengthen life? A speculative philosopher, however excellent, even a Newton and a Locke, weighed in the scales of reason, against a practising physician of skill and virtues like those of a Heberden, or a Willis, kick the beam like the gossamer that floats in the air, balanced with a wedge of bullion.

As life abounds with misery, they are to be considered as the greatest men, and the most honourable members of society, who are best able to relieve it. What avails it to miserable man (agris mortalibus, as Virgil feelingly expresses it) that a new planet is discovered; or a new moon belonging to an old planet; or the doctrine of innate ideas; or liberty and necessity, confirmed or invalidated But it concerns him beyond expression, when a remedy is pointed out for the gout, the stone, a fever; for blindness, deafness, lameness, madness; for the preservation of his life, or the lives of those, in whom his whole happiness is involved.

The profession of a physician is, therefore, worthy of high honour, and will receive it from those who form a a just idea of real utility, and bestow their esteem, not on the dazzling objects of empty pretension, but on that which confers the most substantial and unequivocal benefit on the human race.

Thus noble is the profession of medicine; and the professors of it in England, have usually acted up to its dignity.

Deeply learned in philosophy; well versed in polite letters; adorned with arts; graced with social accomplishments; and, above all, tinctured with humanity; they have charmed in the common intercourse of conversation, and approached the sick-bed with the

appearance of guardian angels. The common-place wit on the inutility of the science, and the vanity and venality of its professors, will be little regarded by him who has felt its benign operation on himself, or seen it displayed with the skill and compassion of a superior Being, on those whom he loved; in the hour of unspeakable tribulation, when hope, the last friend of the distressed, began to spread her wings, and prepare for departure: who has also seen the preserver of a family's peace, in his social evening, diffusing the brilliancy of wit, and the radiance of knowledge, with a gay cheerfulness of heart and countenance, arising from the consciousness of having spent the day in alleviating woe.

Who but must lament that any circumstances in such a profession, should lead to a behaviour exposed to satire or ridicule But they say (to use a favourite though rather a detracting phrase of an ingenious prelate), they say, that physicians are pompous, self sufficient, affectedly solemn, venal, and unfeeling.

The great respect which is usually and very properly paid to their directions, by the anxious persons who solicit their assistance, may, perhaps, accustom them to consider themselves entitled to a kind of despotism. Of the physician it may be said, he rules over willing slaves (Per populos dat jura volentes; Virg. Vol.II): and his air of self-sufficiency and pomp, though exposed to the witticism of the comic muse, may produce, at the bedside of the invalid, a beneficial effect.

Confidence raises in the patient and the bystanders a high opinion of the doctor; especially among the lower ranks of people. They have observed but little, who have not remarked, how much imagination contributes to give success to the curative power of a medicine.

If the pomp and self-sufficiency thus adopted, in the exercise of the art, are likely to extend themselves to common life, they are in danger of just derision; and therefore, a sensible physician will be on his guard, lest a behaviour, which on some occasions, may be proper and useful, should, by becoming habitual, and appearing at improper times, sully a character which has a right to shine

with undiminished lustre.

The appearance of mystery, which is often blamed, is not without good effects on patients, who, from a natural propensity of human nature, are apt to venerate, and confide in most, what they least understand. Many, if they were fully to comprehend the nature of the remedies administered, would despise, and refuse to apply them.

The satire and ridicule so liberally, or rather illiberally, thrown on the physician for these appearances, in the exercise of his profession, is unjust; and ought then only to be applied to him, when he assumes them in the scenes of domestic and social life.

That physicians are peculiarly venal, is, I believe, false. Few can be named who do not give much of their time and skill to the afflicted poor, to their own professions, and to the clergy, without accepting the smallest recompense.

Many have been known to return great part of exorbitant fees, given by the grateful rich, endeavouring to proportion their own remuneration to the good they may have been able to do, and the attendance they have been obliged to give, But the assumption of a profession will not alter a radical disposition of the heart.

Some among the medical class, as well as in all other classes, are naturally covetous; and the meanness and harpy avarice of a few, has unjustly been suffered to fix a mark of disgrace on all.

The common fee of a physician, considering the expense of his education, and that he sells no medicine, is moderate; nor can he be blamed, who accepts, under the guidance of discretion and humanity, the recompense of an employment by which himself, and perhaps a family, are to be supported.

That medical men are unfeeling, is an opinion, which arises from their coolness and dispassionate deportment in the midst of deep distress. But this command of their feelings is a prime excellence in their character. While all around them are embarrassed and debilitated by sorrow, they are called upon to act with wisdom and judgement.

Were they to sink under sympathy, the patient whom they came to relieve, must be neglected, or attended to with

faculties deranged, confused, and unable to prescribe with decision. But still it must be allowed, that an habitual sight of distress, diminishes sensibility.

Physicians, therefore, who act with humanity, as the greater part certainly do, are the more to be esteemed, since they counteract the effect of their familiarity with scenes of suffering, by the control of their reason. If without feeling, they act with all the kind attention which feeling would cause, combined with the steadiness of cool judgement, which excessive feeling might shake, they are entitled to the praise, which mere animal or instinctive sensibility can never deserve. I do not find any peculiar failing originating from the circumstances of the profession, in the character of the physician; and those which are alleged by prejudice and vulgarity, are either non-entities, or such infirmities as fall to the lot of all men. If there is any thing singular in this profession, it is singular ingenuity, singular politeness, and singular beneficence.

As to the empirical tribe, the disgrace of society; the reverse of every thing said in praise of the physician, will, in general, be applicable to them; and it must be the wish of all benevolent men, that the deceptions which they obtrude on afflicted poverty and ignorance, were by authority of law, cognizable by a court of sworn physicians, and punishable by a severe penalty.

There are few greater abuses in a community, than that of picking the pockets of those who are already distressed by penury and disease united; and preventing them from applying where relief might be obtained, by holding out specious pretensions corroborated by false and venal testimonies.

The ridicule and censure which have been unjustly thrown on the physicians, are justly due to the quack-doctors.

They are, indeed, pompous, self-sufficient, affectedly solemn, venal, and unfeeling with a vengeance.

If there were a tribunal at which the assumption of doctor's degrees could be investigated, it might be serviceable in detecting and exposing one mode of deceit, by

which ignorant empirics impose on vulgar credulity.

Surgeons and apothecaries regularly trained and improved by experience, may certainly take a rank next to the physician.

Their skill and humanity in the present age, entitle them to a more honourable place in society, than they have formerly been allowed. Men of sense are not guided in their judgement by an appellation.

Surgeons and apothecaries enjoying and using the opportunities for improvement, which, in these times, are afforded more plentifully than ever, become, in effect, and in the liberal sense of the term, physicians.

From their extensive researches, and from their general intercourse in families, their minds are as enlightened, and their conversation as polite and agreeable, as those of any order in the community." - "The Works of Vicesimus Knox, D.D.", With a Biographical Preface, Vol. 2, Pages 447, to 452.

Chapter 6

The Drug Delusion

"The best medicine is food seasonably administered." - Celsus.

"All articles of diet come best direct from nature, as far as possible, and without more chemical or culinary meddling than is absolutely necessary. Food is one thing, physic is another." - Sir Dyce Duckworth in "The General Principles of Dietetics in Diseases".

"We could present rather a serious tragedy, if we were to collect all the cases of poisoning by huge doses of powerful medicine, by the disciples of this physician, and of the sanguinary homicides by imitators of this bold surgeon, though they may enjoy high repute." - in "London Medical Gazette or, Journal of Practical Medicine", Vol. 20, 1837.

"Mankind, like all other organic beings, ought to live according to nature's laws, without pain; and die a natural death: i.e., without illness or suffering. But with us almost every one dies from the effects of poisonous drugs, intoxicating liquors, adulterated food, want of water, air, and exercise." - R. Claridge, Esq., in "Hydropathy to the People", 1855.

"There Is More To Healing Than Just Popping Pills. I used to teach to my students that: If you take medication for cold it will last seven days, if you don't take medication it will last one week." - Dr Maurice Mmaduakolam Iwu, Professor of Pharmacognosy in "The Ebola Threat", Channels TV, 19 August 2014.

"Some new drugs, though are less effective, might be used in the hospital because they offer expensive kickbacks," Dr. Yang, of the China Academy of Chinese Medical Sciences, in "New Tang Dynasty Television", New York, 2015.

"Knowing why a drug works has historically trailed the treatment, sometimes by decades. Some of the most recognizable drugs - acetaminophen for pain relief, penicillin for infections, and lithium for bipolar disorder, continue to be scientific mysteries today." - Carolyn Y. Johnson in "The Washington Post", 23 July 2015.

"The dynamic effects of toxicants in combination. It's the new toxicology. One that acknowledges that even low doses of chemicals, particularly when combined, can sabotage cellular processes." - Dr Kelly Brogan, MD in "The Cocktain Effect", 2018.

"Prescribed Medication is now a great major threat to public Health." - Dr A. Malhotra MD, 2018.

"The fact that an individual has undergone much "medical" treatment without benefit is no proof that a disease is incurable. There is nothing curative about medicines. Drugs only conceal pain and change the symptoms. The true healing forces are the vital powers inherent in the body, and they work for us when we give them a fair opportunity. Drugs are no part of nature's plan. They are artificial preparations which man uses to his detriment, and often to his ruin. The curative powers are within the body. They can not be supplied from without. Hence the fallacy of using drugs for curative purposes. The body cures itself if it is supplied with the right kind of food, drink, air, activity, hygiene and environment, providing a cure is still possible." - Dr Alsaker, Rasmus Larssen, MD in "Curing diseases

of Heart and Arteries", 1918.

"Food, in its largest sense, is whatever helps to build up the normal structures, or to maintain their natural actions. Medicine, in distinction from food, is every unnatural or noxious agent applied for the relief of disease. Physic means properly the Natural Art, and Physician is only the Greek synonyme of Naturalist." - Dr Oliver W. Holmes, MD in "Medical Essays", 1891.
"I had rather undertake the practice of physick with pure air, pure water and good food alone than with all the drugs in the Pharmacopoeia. Do not despond for medicine. I leave you with three great physicians - air, water, exercise.' In a treatise on fevers he wrote "I would be ridiculed for recommending cold water as a febrifuge, but doctors and apothecaries were out to dispense drugs and patients wanted them". - Dr Thomas Sydenham, MD The English Hippocrates.

Drugging Proved Unscientific

"It is one of the most profound mysteries of our civilization, and has been one of the most perplexing and discouraging phenomena of human existence, that, while the world at large has maintained an ever increasing "medical profession," whose members are popularly supposed to be competent to deal with all the ills that flesh is heir to; still there has always been a long list of what are termed "incurable diseases."

But the immense strides made, in recent years, in every branch of modern science, has led the thinking public to consider such a condition of things as an outrageous libel on the God of Nature, and to question whether there can be such a thing as an incurable disease.

Health is such an inestimable blessing, that the individual who shall devise means to preserve it, or to restore it, when lost, is deserving of all the thanks and honors that a grateful community can bestow. Unfortunately, there are very few who estimate life at its true value, until they are confronted with the grim destroyer, Death.

No one can fully appreciate the priceless blessings of health, until they feel that it has slipped from their grasp.

The oft quoted phrase, "Health is Wealth," is truly a concrete expression of wisdom, for without the former, the latter is well nigh an impossibility.

But its interference with the activities of life is one of the least evils of sickness, for perfect health is the very salt and spice of life; without it, existence is "weary, stale, flat and unprofitable."

But let none despair, for it is my purpose to show how those who enjoy the blessing of robust health may preserve it indefinitely, and how those who have lost it may regain it —with access of vigour, and once more feel that life is indeed worth living. In presenting a new system of medication, it is necessary to attack the existing systems, and hence, I am placed in a delicate position, for of all the problems ever presented for the ingenuity of man to solve, undoubtedly the most difficult is, how to present new facts so as not to offend old errors; for individuals are very prone to regard arguments levelled against their opinions as direct attacks upon their personality; and not a few of them mistake their own deeply-rooted prejudices for established certainties.

I shall endeavour to show that the practice of administering drugs to cure disease is a fallacy, and in so doing, I am bound to incur the condemnation of my brother practitioners, who prescribe drugs, and the druggists who vend them.

It may safely be asserted that the drug system of treating disease would be destroyed if it were to be critically examined; in fact, to defend it is provocative of unmistakable damage to it. If it is once subjected to the analysis of calm reason its defects become palpable to the meanest understanding.

There are three principal schools of medicine, each with a distinctive title, but they are all one in essential principles. They may differ in unimportant details, but in the main premises they are a unit.

They all believe in the principle of "curing one disease by producing another."

In other words, their practice is, to induce a drug disease to cure a primary one, for this is exactly what is done when drugs are administered, in pathological conditions as we shall prove later on by testimony from authorities on medical practice.

The materia medica of the schools, today, includes upwards of two thousand substances, the number increasing daily, and when viewed dispassionately it presents what?

A list of drugs, chemicals, dye-stuffs, all subversive of organic structures. They are all antagonistic to living matter: all produce disease when brought in contact in any manner with the living domain, as a matter of fact, all are poisons.

Now, what logical standing can a system have, that employs, as remedies for diseases, those things that produce disease in healthy persons?

No advocate of the drug system has ever advanced a reason that would bear one moment's scientific examination, why poisonous substances should be administered to the sick, and no one will ever be able to give a satisfactory explanation of the theory that underlies the practice, for none exists.

When once the public fully grasps the true import of this glaring anomaly, the days of the drug system will be numbered.

Physicians of ability and long experience, who have devoted their lives to the relief of suffering humanity, both

in this and other countries, have declared after close observation, that they were fully and thoroughly convinced that medicines do not cure patients, that they do not assist Nature's process of cure, so much as they retard it, and, that they are more hurtful than remedial in all diseases.

A still larger number have reached the same conclusion with regard to certain complaints, such as scarlet fever, croup, pneumonia, cholera, rheumatism, diphtheria, measles, small-pox, dysentery, and typhoid-fever, and that in every case where they have abandoned all medicine, abjured all drugs and potions, their success has been marvellously increased. Professor B. F. Parker, of the New York Medical College, once said to a medical class:

> *"I have recently given no medicine in the treatment of measles and scarlet fever, and I have had excellent success."*

Dr. Snow, Health Officer of Providence, R. I., reported for the information of his professional brethren, through the Boston Medical and Surgical Journal that he had treated all the cases of small-pox, which had prevailed endemically in that city, without a particle of medicine, and that all of the cases, some of which were very grave ones, recovered.

Dr. John Bell, Professor of Materia Medica in one of the Philadelphia Colleges, and also in the Medical College of Baltimore, testified in a work which he published "Bell on Baths", that he and others had treated many cases of scarlet fever with bathing, and without medicines of any kind, and without losing a patient.

Dr. Ames, of Montgomery, Alabama, some years since published in the New Orleans Medical and Surgical Journal, his experience and observation in the treatment of pneumonia. He had been led to notice for many years, that patients who were treated with the ordinary remedies—bleeding, mercury, and antimony—presented certain complications which always aggravated the malady, and rendered the convalescence more lingering and recovery less complete.

Such patients were always liable to collapses and re-

lapses; to "run into typhoid"; to sink suddenly, and die very unexpectedly. He noticed particularly that patients who took calomel and antimony were found, on post-mortem examinations, to have serious and even fatal inflammation of the stomach and small intestines, attended with great prostration, delirium, and other symptoms of drug poisoning.

These "complications" were nothing more or less than drug diseases. And Dr. Ames found, on changing his plan of treatment to milder and simpler remedies, that he lost no patients. The late Professor Wm. Tully, MD, of Yale College, and of the Vermont Academy of Medicine at Castleton, Vt., informed his medical class, that on one occasion the typhoid pneumonia was so fatal in some places in the valley of the Connecticut River, that the people became suspicious that the physicians were doing more harm than good; and in their desperation they actually combined against the doctors and refused to employ them at all; "after which," said Professor Tully, "no deaths occurred."

And I might add, as an historical incident of some pertinency in this place, that regular physicians were once banished from Rome, so fatal did their practice seem, so far as the people could judge of it.

The great Magendie, of France, who long stood at the very head of Physiology and Pathology in the French Academy, which by the way, has claimed to be, and perhaps is, the most learned body of men in the world—performed this experiment. He divided the patients of one of the large Paris hospitals into three classes.

To one he prescribed the common remedies of the books. To the second he administered only the common simples of domestic practice. And to the third class he gave no medicine at all. The result was, those who took less medicine did better than those who took more, and those who took no medicine did the best of all.

Magendie also divided his typhoid fever patients into two classes, to one of whom he prescribed the ordinary remedies, and to the other no medicines at all, relying wholly on such nursing and such attention to Hygiene as the

vital instincts demanded and common sense suggested.

Of the patients who were treated the usual way, he lost the usual proportion, about one-fourth. And of those who took no medicine, he lost none. And what opinion has Magendie left on record of the popular healing art? He said to his medical class:

"Gentlemen, medicine is a great humbug."

In the face of such damaging testimony from prominent representatives of the medical profession, it becomes exceedingly difficult to place any reliance on the drug remedies prescribed by them.

The Melancholy Truth Is:

That drug medication has become an integral part of our domestic economy. At no time in history has the consumption of drugs even approximated the present rate. Enormous sums of money are invested in manufacturing and distributing them, and the physicians of the various schools, being educated to prescribe them, a mutual bond of interest has grown up between doctor and druggist, which is not at all surprising. The medical profession, as a whole is, in connection with its traditional predilection for drugs causes its members to resolutely set their faces against any remedial process that runs counter to the theories they imbibed at college.

They look askance at all such things and regard them as dangerous experiments, and assert that their dignity will not permit them to recognize any irregular practice, or any form of quackery. Dignity!

When was dignity ever known to save a life? Most humanity continue to suffer because the medical profession (blindly following in the rut of custom) fail to see anything superior to the antiquated system of treating disease by drugging, which many of its ablest members condemn as unreliable?

It is with all schools of medicine as it is with each

individual practitioner of the healing art—the less faith they have in medicine, the more they have in Hygiene; hence those who prescribe little or no medicine, are invariably and necessarily more attentive to Hygiene, which always was, and ever will be, all that there is really good, useful, or curative in medication.

Such physicians are more careful to supply the vital organism with whatever of air, light, temperature, food, water, exercise, or rest, etc., it needs in its struggle for health, and to remove all vitiating influences—all poisons, impurities, or disturbing influences of any kind.

This is hygienic medication, the natural and rational method of cure, and the more closely it is examined, the more strongly it will commend itself to reason. It is a lamentable fact that the preservation of health is not taught in the medical schools, neither is it explained in their books, and judging from general practice not much regard is attached to it in their prescriptions. But when the inevitable typhoid or malaria appears as an inevitable consequence of neglected precautions, the physician can drug without mercy, and, as we contend, on most illogical grounds.

Who imagines for one instant, that quinine is a poison? Who is not aware that arsenic is a deadly poison? And yet physicians and medical journals calmly and gravely assert that arsenic is the better article of the two, and recommend it as a substitute for quinine. Can any intelligent person believe that a comparatively harmless tonic, and an intense poison are perfect equivalents for each other?

It is stated on reliable authority, that during the civil war, hundreds of sick soldiers implored the nurses to throw away their medicine. They feared drugs worse than bullets, and not without reason. It is a curious fact that young physicians prescribe more medicine than the older ones. Said the venerable Professor Alexander H. Stevens MD, of the New York College of Physicians and Surgeons:

> *"Young practitioners are a most hopeful class of community. They are sure of success. They start out in life with twenty remedies for every disease; and after an experience of thirty*

years or less they find twenty diseases for every remedy. The older physicians grow, the more skeptical they become of the virtues of medicine, and the more they are disposed to trust to the powers of Nature."

The effect of drugging a person, is to lock up the actual causes of the disease in the system; thus producing permanent and worse diseases. It is in accordance with common sense that they should be expelled, not retained. What is known as disease, is nothing more or less than the struggle of Nature, to cast out impurities, and this remedial effort should be regulated, and assisted, not obstructed by administering drugs, which only complicate the situation, by producing more disease. No man can fight two enemies better than one, and, to give drugs to a system already struggling to regain its normal condition, is like tying the hands of a man who is beset by enemies.

The truth is, that the real nature of disease is misapprehended by the popular schools of medicine, and until broader views obtain a lodgment among them, it is useless to hope for any alteration or improvement in the antiquated system of drugging. "Who shall decide, when doctors disagree?" is an oft quoted sentence, and, the following conflicting opinions from prominent physicians show conclusively how little is actually known of the action of drugs upon the human system, by those who administer them right and left. Says the "United States Dispensatory," "Medicines are those articles which make sanative impressions on the body." This may be important if, true. But, per contra, says Professor Martin Paine, M.D., of the New York University Medical School, in his "Institutes of Medicine":

"Remedial agents are essentially morbific in their operations."

But again says Professor Paine:

"Remedial agents operate in the same manner as do the remote

causes of disease."

This seems to be a very distinct announcement that remedies are themselves causes of disease. And yet again:

"In the administration of medicines we cure one disease by producing another."

This is both important and true.

Professor Paine quotes approvingly the famous professional adage, in good technical Latin, "Ubi virus, ibi vitus," which, being translated, means, "our strongest poisons are our best remedies."

Says Professor Alonzo Clark, M.D., of the New York College of Physicians and Surgeons:

"All of our curative agents are poisons, and as a consequence, every dose diminishes the patient's vitality."

Says Professor Joseph M. Smith, M.D., of the same school:

"All medicines which enter the circulation poison the blood in the same manner as do the poisons that produce disease."

Says Professor St. John, of the New York Medical College:

"All medicines are poisonous."

Says Professor E. R. Peaslee, M.D., of the same school:

"The administration of powerful medicines is the most fruitful cause of derangements of the digestion."

Says Professor H. G. Cox, M.D., of the same school:

> *"The fewer remedies you employ in any disease, the better for your patients."*

Says Professor E. H. Davis, M.D., of the New York Medical College:

> *"The modus operandi of medicines is still a very obscure subject. We know that they operate, but exactly how they operate is entirely unknown."*

Says Professor J. W. Carson, M.D., of the New York University Medical School:

> *"We do not know whether our patients recover because we give medicines, or because Nature cures them."*

Says Professor E. S. Carr, of the same school:

> *"All drugs are more or less adulterated; and as not more than one physician in a hundred has sufficient knowledge in chemistry to detect impurities, the physician seldom knows just how much of a remedy he is prescribing."*

The authors disagree in many things; but all concur in the fact that medicines produce diseases; that their effects are wholly uncertain, and that we know nothing whatever of their modus operandi.

> *"Drugs do not cure diseases; disease is always cured by the vis medicatrix naturae." - Professor Joseph M. Smith, MD*

And Professor Clark further complicates the problem

before us by declaring that:

> *"Physicians have hurried thousands to their graves who would have recovered if left to Nature."*

And again:

> *"In scarlet fever you have nothing to do but to rely on the vis medicatrix naturae."*

Says Professor Gross:

> *"Of the essence of disease very little is known; indeed, nothing at all."*

And says Professor George B. Wood, MD, of Jefferson Medical College, Philadelphia "Wood's Practice of Medicine":

> *"Efforts have been made to reach the elements of disease; but not very successfully; because we have not yet learned the essential nature of the healthy actions, and cannot understand their derangements."*

On the other side of the Atlantic the claims of the existing medical schools to popular favor, do not appear to rest upon any surer basis than they do here, if we may judge from the following opinions expressed by some of the most eminent authorities in the British Kingdom:

> *"The medical practice of our days is, at the best, a most uncertain and unsatisfactory system; it has neither philosophy nor common sense to commend it to confidence." - Dr. Evans, Fellow*

of the Royal College, London.

"There has been a great increase of medical men of late, but, upon my life, diseases have increased in proportion." - Dr John Abernethy, MD, London in "The Good".

"It cannot be denied that the present system of medicine is a burning shame to its professors, if indeed a series of vague and uncertain incongruities deserves to be called by that name. How rarely do our medicines do good! How often do they make our patients really worse! I fearlessly assert, that in most cases the sufferer would be safer without a physician than with one. I have seen enough of the mal-practice of my professional brethren to warrant the strong language I employ." - Dr. Ramage, Fellow of the Royal College, London.

"The present practice of medicine is a reproach to the name of Science, while its professors give evidence of an almost total ignorance of the nature and proper treatment of disease. Nine times out of ten, our miscalled remedies are absolutely injurious to our patients, suffering under diseases of whose real character and cause we are most culpably ignorant." - Prof. Jameison, of Edinburgh.

"Assuredly the uncertain and most unsatisfactory art that we call medical science, is no science at all, but a jumble of inconsistent opinions; of conclusions hastily and often incorrectly drawn; of facts misunderstood or perverted; of comparisons without analogy; of hypotheses without reason, and theories not only useless, but dangerous." - Dublin Medical Journal.

"Some patients get well with the aid of medicine; more without it; and still more in spite of it." - Sir John Forbes, MD, F.R.S.

"Thousands are annually slaughtered in the quiet of the sick-room. Governments should at once either banish medical men, and proscribe their blundering art, or they should adopt some better means to protect the lives of the people than at present prevail, when they look far less after the practice of this dangerous profession, and the murders committed in it, than after the lowest trades." - Dr. Frank, an eminent author and practitioner.

"Our actual information or knowledge of disease does not increase in proportion to our experimental practice. Every dose of medicine given is a blind experiment upon the vitality of the patient." - Dr. Bostock, author of "History of Medicine."

"The science of medicine is a barbarous jargon, and the effects of our medicines on the human system in the highest degree uncertain; except, indeed, that they have destroyed more lives than war, pestilence, and famine combined." - Dr John Mason Good, MD, FRS, author of "Book of Nature," "A System of Nosology," "Study of Medicine," etc.

"I declare as my conscientious conviction, founded on long experience and reflection, that if there were not a single physician, surgeon, man midwife, chemist, apothecary, druggist, nor drug on the face of the earth, there would be less sickness and less mortality than now prevail." - Dr Jas. Johnson, MD, FRS, Editor of the Medico-Chirurgical Review.

So it comes to this, that during three thousand years remedies have been accumulating until between two and three thousand drugs are recorded in the archives of the medical profession, and yet we have the admission of some of the highest authorities on the subject that the nature of disease is still a mystery, that the "modus operandi" of drugs is equally obscure, and that in consequence there is

profound uncertainty as to the relation of drugs to the diseases for which they are prescribed.

1. Can one cause cure another?
2. Can a poison expel a poison?
3. Can the human system throw off two burdens better than one?

If such a proposition were submitted to us in any other domain we would indignantly resent it as an insult to our intelligence.

There can be no question but that the public are largely responsible for the existing condition of things, for whatever they demand they can obtain, in obedience to the inexorable law of supply and demand: which accounts for the rapidly increasing interest in hygiene. An eminent authority on therapeutics says:

> *"The medical profession holds a most false relation to society. Its honours and emoluments are measured, not by the good, but by the evil it does. The physician who keeps some member of the family of his rich neighbour on a bed of sickness for months or years, may secure to himself thereby both fame and fortune; while the other who would restore the patient to health in a week or two, will be neither appreciated nor understood. If a physician, in treating a simple fever, which if left to itself or to Nature would terminate in health in two or three weeks, drugs the patient into half a dozen chronic diseases, and nearly kills himself half a dozen times, and prolongs his sufferings for months, he will receive much money and many thanks for carrying him safely through so many complications, relapses, and collapses. But if he cures in a single week, and leaves him perfectly sound, the pay will be small, and the thanks nowhere, because he has not been very sick!"*

I know many of you will say:

"My physician is a very excellent man and a good scholar, I have all confidence in him."

But what if his system is false?

Is your confidence in him or in his system? If in his system, you are to be pitied.

If in him, take his good advice and refuse his bad medicine.

The Caucasian has not much to learn from the Mongolian, it is true, but the public might safely imitate the Chinese in dealing with their physicians.

A Chinaman of rank pays his physician a retaining salary so long as he remains in health, but, the instant he gets sick, the salary ceases. Manifestly, it is a common-sense proceeding.

The doctor has a vital interest in preserving the health of his client, since sickness entails a pecuniary loss; and best of all, the patient escapes having his system drenched with drugs. There is no valid reason why there should be any such thing as serious sickness; nor would there be if Hygiene were taught, and practised, and the whole materia medica consigned to oblivion.

As Dr. Oliver Wendell Holmes said:

"If all drugs were thrown into the sea, it would be so much better for man, but so much worse for the fishes."

Now, the remedies of the Hygienic system, which I advocate, comprehend everything except poisons.

The drug system rejects almost everything but poisons.

My system (Hydropathy) rejects only poisons, and adopts everything else.

I welcome anything that possesses remedial value, provided it is in accordance with the laws of Nature, and am

equally ready to accept suggestions from the laity, as from fellow practitioners.

I am ready to submit everything thus presented, to the test of experiment, and employ it if found worthy.

In this regard I may, without vanity, lay claim to the possession of a more progressive spirit than the members of the drug schools, for their disinclination to adopt anything new in the treatment of disease has passed into a proverb. It might naturally be supposed that any one who should come forward with a discovery by which the suffering portion of the human family would be benefited, would be welcomed with open arms by the medical fraternity, or, that at least he would be allowed a hearing, but unfortunately it is not so.

Even if the discoverer be one of themselves, they are apt to regard his proposition with a certain amount of distrust, but if he happens to be a layman they instantly stand upon their dignity—denounce all irregular practice and raise the cry of quack.

In justice, however, it must be said that there are members of liberal, broad-minded men in the medical profession who recognize the fact that brains are not monopolized by physicians, and who are perfectly willing to accord credit where it is due, as the following opinions will show.

Dr. A. O'Leary, Jefferson Medical College, of Philadelphia, says:

> *"The best things in the healing art have been done by those who never had a diploma—the first Cæsarian section, lithotomy, the use of cinchona, of ether as an anæsthetic, the treatment of the air passages by inhalation, the water cure and medicated baths, electricity as a healing agent, and magnetism, faith cure, mind cure, etc."*

Prof. Waterhouse, writing to the learned Dr. Mitchell, of New York, says:

> *"I am, indeed, so disgusted with learned quackery that I take some interest in honest, humane, and strong-minded empiricism;*

for it has done more for our art, in all ages and all countries, than all the universities since the time of Charlemagne."

Professor Benj. Rush, of the greatest and oldest Allopathic College in America, says:

"Remember how many of our most useful remedies have been discovered by quacks. Do not therefore be afraid of conversing with them, and of profiting by their ignorance and temerity. Medicine has its pharisees as well as religion. But the spirit of this sect is as unfriendly to the advancement of medicine as it is to Christian charity. In the pursuit of medical knowledge let me advise you to converse with nurses and old women. They will often suggest facts in the history and cure of disease which have escaped the most sagacious observers of nature. By so doing, we may discover laws of the animal economy which have no place in our system of nosology, or in our theories of physic. The practice of physic hath been more improved by the casual experiments of illiterate nations, and the rash ones of vagabond quacks, than by all the once celebrated professors of it, and the theoretic teachers in the several schools of Europe, very few of whom have furnished us with one new medicine, or have taught us better to use our old ones, or have in any one instance at all, improved the art of curing disease."

Dr. Adam Smith says:

"After denouncing Paracelsus as a quack, the regular medical profession stole his 'quack-silver'—mercury; after calling Jenner an imposter it adopted his discovery of vaccination; after dubbing Harvey a humbug it was forced to swallow his theory of the circulation of the blood."

Professor J. Rodes Buchanan, Boston, says:

> *"Mozart, Hoffman, Ole Bull, and Blind Tom were born with a mastery of music, as Zerah Colburn with a mastery of mathematics, as others are born with a mastery of the mystery of life and disease, like Greatrakes, Newton, Hutton, Sweet and Stephens, born doctors, and a score of similar renown."*

Professor Charles W. Emerson, M.D., the well-known president of the Monroe Conservatory of Oratory, of Boston, says:

> *"The progress in therapeutics has and still continues to come from the unlearned. Common people give us our improvements and the school men spend their time in giving Greek and Latin names to these improvements, and building metaphysical theories around them."*

This is a heavy indictment against the medical profession, as a body, but truth and justice compel me to state that most of the foregoing statements were made some years ago, and that intolerance can no longer be charged against them as it could, even in the last generation. Nor can we close our eyes to the fact that thousands of high-minded physicians are devoting their time and energies to the amelioration of disease.

Scarcely a month passes in which some convention of physicians is not held to consider the best means of dealing with some particular malady, and a large number of the attending physicians at those conventions contribute their time and experience at considerable financial loss to themselves.

In the ranks of the medical body there are able and honorable men who would adorn any profession—men who have sacrificed health, wealth and happiness in their devotion to the cause of suffering humanity—the pages of history are full of instances of such heroism. But of what

avail is it to have the most perfect examples of humanity for physicians, if the system they practice is an erroneous one?

It is impossible to secure good results with bad methods. We must have a sure foundation, if we expect to raise an abiding structure.

And that is why I am in opposition to the existing method of treating disease. Not because of any feeling against the physician individually, but for the reason that I consider their system based upon error—upon a false conception of the true nature of disease, and of the relation of drugs to the human system.

There is a tradition in the orthodox medical schools, that all curative processes are dependent upon, and act only in accordance with, an established law—the "Law of Cure."

But although all the schools are a unit in believing in the existence and operation of such a law, no two of them agree upon a definition of it.

Their theories concerning this all-important law are as diametrically opposite as the poles. For instance, the Allopaths define it as "contraria contrariis curantur," which is simply the law of opposition. But the Homeopaths take a widely different view of the matter, their definition of it being "similia similibus curantur," which is, practically, the law of agreement; while the Eclectics declare that "sanative medication" is the law. This diversity of opinion is not by any means unique, for the tendency to disagreement among physicians is proverbial; but the unfortunate layman who is the person most vitally interested in the matter, is at a loss what to believe among this conflict of definitions, and naturally asks, Who is right?

I answer, unequivocally, not one! They are all wrong. This so-called "Law of Cure" is a purely imaginary affair; one of the many misconceptions peculiar to the medical schools, originating in a false conception of the true nature of disease. There is no such thing as a law of cure! There is a condition of cure, and that is, obedience. Nature has provided penalties for disobedience, and is inexorable in exacting payment; but she does not provide remedies. If there is one thing absolutely certain in nature, it is the

unfaltering sequence of cause and effect.

Nature never stultifies herself. It is impossible to imagine nature providing penalties for violation of her laws, and then furnishing remedies to make those penalties negatory.

It is a lamentable fact that the medical profession, as a body, entertain a totally erroneous conception of the true nature of disease, and its legitimate function in the economy of nature. Instead of recognizing it as a beneficent remedial process, which, if properly aided, will work out the salvation of the patient, they antagonize it at every turn, and endeavor to suppress the symptoms, which are its legitimate expressions. The whole thing is a huge misconception, the failure to understand the true relation between living and dead substances. According to the United States Dispensatory, medicines are those substances that make sanative impressions on the body. A false definition of a word leads to a false system of remedial practice, based upon that definition. What is an impression? Is it the action of a dead substance, which cannot act upon a living substance that can? Assuredly not! Is it not rather the recognition by the living substance of the lifeless one?

The whole theory of drug action is easily explainable on this hypothesis.

Drugs - inert substances - do not act upon the living organism, but are acted upon, with a view to their expulsion from the living domain.

If it were not so, if drugs really acted upon the various organs, then their action should be equally as effective after death as before.

But no, nature resents the introduction of foreign substances into the human economy, and exerts all her powers to cast out the intruders.

Now, as all substances incapable of physiological use are foreign, such as particles of worn out tissue, the waste products of digestion, etc., and their presence in the animal economy inimical to the general welfare, the depurating organs are called into active play to expel the offending

substances; and the increased physiological activity, and (in the case of actual lesion) the increased flow of blood to the parts, for the purpose of repair, cause a rise in temperature, commonly known as fever, which is one of the most frequent symptoms of what is generally recognized as disease; thus establishing the fact, indisputably, that disease is purely and simply a remedial process, either for purposes of repair or purification.

The practice, therefore, of increasing the deposits in the physical system by the introduction of drugs (foreign substances) is in direct opposition to physiological law, and has no scientific foundation whatever.

From the countless remedies of the pharmacopœia we can select substances that if administered to a healthy person will produce almost any known form of disease - thus: brandy, cayenne pepper and quinine, will induce inflammatory fever; scammony and ipecac will cause cholera morbus; nitre, calomel and opium, will provoke typhoid or typhus fever; digitalis will cause Asiatic, or spasmodic cholera; cod liver oil and sulphur promote scurvy, and all the cathartic family inevitably cause diarrhœa, the disease in each case being nothing more than the effort of Nature to get rid of these troublesome intruders.

Drugs do not, as their advocates claim, select their special organ with a view of acting upon it, but are acted upon by that particular organ for the purpose of ridding the system of the drug.

It follows, therefore, as a perfectly legitimate and logical deduction, that, if the system of administering drugs is founded upon a wrong conception of their relation to the human organism, then any theoretical "law of cure" predicated upon drug action must necessarily be equally fallacious and untrustworthy.

As stated before, the simple fact is, that there is no law of cure, only a condition, and that condition, obedience, by which is meant a course of treatment in harmony with Nature.

The older physicians grow the more they rely upon the

vis medicatrix naturae, which is, after all, the only remedial force, and one totally beyond their control.

The physician can no more perform cures than the farmer can make his crops grow.

In each case, all that can be done is to employ all the methods that cumulative wisdom can suggest to make the conditions as favourable as possible, and leave the rest to Mother Nature, who is not in the habit of making mistakes, and whose unerring methods would cure 90% of all diseased conditions, if her beneficent intentions were not frustrated by well meant, but nevertheless pernicious, drug interference." - Dr Charles Alfred Tyrrell, MD, in "The Royal Road to Health, or, The Secret of Health Without Medicine", 1916.

The Case of Dr Issac Jennings, MD

Dr. Issac Jennings, MD (1788-1874) practised allopathic medicine for a number of years gradually losing confidence in the employment of drugs which he finally abandoned during the treatment of a young woman afflicted with Typhus Fever around 1822. It appeared that the woman would die, Medication was discontinued. From a pure spring he obtained water and with gentle hygienic measures the lady made a complete recovery which convinced Dr. Isaac Jennings that drugs were useless and from that time on he ceased to use them. Dr. Isaac Jennings, MD obtained his medical degree from Yale University, having studied under Professor, Dr Eli Ives, MD.

> *"There are few "magic drugs" or vaccines that have cured any arthritic case where a broad program of rest, diet, physical therapy, etcetera, has not been the keystone of the arch of treatment." - Theodore Franklin Bach, MD in "The American Journal of Nursing", Vol. XXXII, June 1932.*

The Papua New Guinea Tribe

Dr Wulf Schiefenhövel a German medical anthropologist, who has been associated with the Max Planck Institute for Ornithology, and head of the Human Ethology department, has been for many years studying a Papua New Guinea tribe, that has no diseases and needs no medication. These people from this remote tribe in Papua New Guinea seem to know more about health than Doctors of the Medical Trade.

"It is impossible to have a specific remedy for a disease that depends upon many diverse elements. There can be no specific remedy any more than there can be a specific cause." - Dr John Tilden, MD

"The reader has learned, long before reaching this page, that there is no such thing as a disease and a cause for it; there are causes galore and an almost endless variety of diseases, but the idea that there is a cause, single and individual, that can be taken hold of and drugged and made an end of, is too childish and impossible to waste thought on." - Dr John H. Tilden, M.D. in "The Etiology of Cholera Infantum".

"In this chemically polluted world, drugs in general only add to the body's burden of poisons. Our present course will bankrupt our country." - Dr James P. Frackelton, M.D. (Past President, The American College for Advancement in Medicine) in "Why I left Orthodox Medicine".

"18 times in every second a prescription is filled by a white-coated pharmacist at one of the 56,000 drugstores in the United States. The staggering cost of these pink, violet, yellow, white and green tablets, capsules, lozenges, and ampules amounts to $3 billion a year." - Marguerite Clark in "Medicine Today", 1960.

"The thing that bugs me is that people think the Food and Drug Administration FDA is protecting them. It isn't. What the FDA is doing and what the public thinks it's doing are as different as night and day." - Dr. Herbert Ley, Commissioner of the FDA, "San Francisco Chronicle", 2 Jan 1970.

"You can't have vitamin C except by prescription. And you can have No herb. We want to ban ALL herbs. All herbs in America are to be banned by the FDA. And all amino acids should be banned. And all nutrients except for the R.D.A. are to be banned." And why? "Well, because they're dangerous. They poison people." So, I go to a poison registry and I find that no one has died from any overdose of any vitamins, herbs, or amino acids. But 5,000 people end up dying from drug reactions in a single year. Then I think, gee whiz? Well, let's see how good the FDA is at protecting us. So I take a look at ten years through the General Accounting Office and find that of 200 drugs, 105 drugs were so dangerous that they were hurting of killing people. Drugs they approved. I didn't see any S.W.A.T. teams raiding any of Those factories. I didn't see any of the people who passed on those drugs - who've made millions from those drugs - having their bank accounts confiscated." - Volker H. Schendel in "Lies in the Medical Profession" Vol.I, 2016.

"I agree with what has been and is now the opinion of many of them, that the world would be just as well off or even better off (with very slight exception) had there never been a system of drug medication. I was born and raised to respect and confide in the remedial power of drugs, but after many years of practice in close conformity to the dictations of the very best medical authors and in consultation with representatives of the various schools, I failed to get from drugs the results hoped for and I was face to face with the evidence that medication was not only untrustworthy but was dangerous." - Dr Andrew Tailor Still,

MD, DO in "Osteopathy Research and Practice", 1910.

"I am an enormous threat to medicines biggest cash cow as are my friends and colleagues who are this way because who are the people that really are against this right now the government let's look at the USDA the United States Department of Agriculture is made up of everybody who was previously a head of the Cattlemen's Association the Dairy Association the egg board the pork board tremendous conflict so that every five years when the USDA puts out a triangle or a food plate for the American people what's on it all the foods that are absolutely going to destroy your vaster health and having the USDA make your food pyramid is like having Al Capone do your taxes what about the pharmaceutical industry Lipitor is the most lucrative drug that has ever been ever been produced like a statin for lowering cholesterol the most lucrative drug that has ever been marketed and the other statins it's a 35 billion dollar a year industry do they want to see this epidemic go away and what about some of my colleagues those that thrive doing stents and doing bypasses do they want to see it go away or are they clamouring for fewer and fewer patients". - Dr Caldwell Esselstyn, MD in "iThrive! Rising from the Depths of Diabetes and Obesity", Docuseries 2017.

"We really got into trouble when President Reagan determined that most of the research should be shorter by large corporations that stand to benefit from the research. Before the research was funded by NIH the National Institute of Health objective provider of evaluating programs and the efficacy of a program note has shifted to the pharmaceutical industry, it has shifted to the dairy industry is interested towards powerful self-serving groups that put put that would invest millions of dollars in terms of showing their product and how it works. I don't want to suggest that all the research funded by powerful food providers is tainted but

there's always a danger that you're expressing whatever results come out more in favour of your products especially after you invested millions of dollars in the research project does that make sense. And so now you see the temptation of powerful food providers for instance of funding research by scientific groups and professors they will set up a process and a research project that has almost predictable outcomes. ...so the public is totally confused the medical profession is totally confused the medical journal editors are confused because... did you know that most of these articles are actually written by the provider of the research funds" - Dr Hans Diehl, Dr.H.Sc. in "iThrive! Rising from the Depths of Diabetes and Obesity", Docuseries 2017.

"Time was when most people thought they needed a "tonic" at certain times of the year. Doctors thought so and advised it. Many still so advise, but the fact is the term "tonic" is not to be found in modern texts on Materia Medica or Pharmacology. Likewise, Calomel was once - and even yet by the uninformed - thought to produce an increased secretion of bile by the liver. It is now known that it not only does not do this, but actually retards such action. A Professor of Pharmacology in a certain leading Medical School recently told me that he now teaches but 10 drugs, and that he believes that very few of these have any actual value. In a case of illness in his own family he advised neither drugs, vaccines, nor serums." - Dr. J. Wilburn Deason, M.D in "Something Wrong" 1918.

Dr Silas Weir Mitchell, MD was the discovered and developed the rest cure for neurasthenia in the 1870s. He is considered the father of neurology as well as an early pioneer in scientific medicine, this is words on Drugs.

"Medicine is only palliative, for back of disease lies the cause, and this cause no drug can reach." - Dr Silas Weir Mitchell, MD

in "Health Notes" Official Bulletin Published Monthly by the State Board of Health, State of Florida" Vol. X, 1915.

"I confess I have as little confidence in medicinal diaphoretics as I have in medicinal diuretics; but I have great confidence in hot air, hot vapour, and hot water baths." - John S. Bristowe, MD, F.R.C.P., Physician and Lecturer on Pathology at St. Thomas's Hospital in "Disease and its Medical Treatment" in The British Medical Journal, Vol. 1, No. 593, 1872.

"All who drink this remedy recover in a short time, except those whom it does not help, who all die and have no relief from any other medicine." - Claudius Galenus, AD 216

Every Year People Die from Medical Drugs

Medical Drugs are Chemicals that are un-natural to the human body. Despite the high number of medication related deaths every year, and despite the many side effects, allopathic medicine doctors and their patients appear to hold on to their believe and paranoia in the absurd effectiveness of toxic and poisonous prescription drugs.

Some of The Many Effects of Medical Drugs:

1. Load the Human Body with Toxins: Cytotoxic, toxic to cells.

"The cytotoxic effect affects primarily the proliferating cells of the antrum and leads to cystic degenerated glands. Severe stomach bleeding appears to be the major cause of death." - H.-G. Neumann, in "Pharmacokinetic Parameters Influencing Tissue Specificity in Chemical Carcinogenesis", Arch. Toxicol., Suppl. 2,

1979.

"Adverse Drug Reactions are a major cause of morbidity and mortality, and leading cause of hospital admission. The most common Adverse Drug Reaction were Gastrointestinal-related. The most common drug category causing Adverse Reaction were cardiovascular drugs. Patients with Adverse Drug Reaction had a longer length of stay than those who did not. About 30% of Adverse Drug Reaction at admission were caused by at least one drug with a clinical annotation in the Pharmacogenomics KnowledgeBase (PharmGKB), suggesting that some of these Adverse Drug Reaction may have been predicted by pharmacogenetic testing." - in "Prevalence and Characteristics of Adverse Drug Reactions at Admission to Hospital", British Journal of Clinical Pharmacology, 2016

2. Deplete the Human Body of Nutrients, such as: D, B Vitamins, Zinc, Magnesium and especially folic acid. Calcium and potassium are depleted by antacids, antifungal drugs, and anti- inflammatory corticosteroids.

"Vitamin D insufficiency is common in Spinal Cord Injury individuals owing to the presence of many contributing factors including limited sun exposure and intake, use of medication and endocrine perturbations." - J. Lamarche, G. Mailhot in "Vitamin D and spinal cord injury: should we care?", 2016

"H2RAs decrease acid secretion by the gastric parietal cells. Gastric acid and pepsin produced by these cells are required for the cleavage of vitamin B12 from dietary sources. Intrinsic factor (IF), also produced by gastric parietal cells, is required for vitamin B12 absorption from the gastrointestinal tract. Studies have demonstrated a significant reduction in food-bound vitamin B12 absorption secondary to decreased acid secretion in

patients taking these drugs. H2RAs have the potential to cause vitamin B12 deficiency. This may be important in patients with inadequate stores of vitamin B12 (e.g., poor diet), particularly those receiving H2RA therapy continuously for more than 2 years. Healthcare providers should be aware of this potential adverse effect." - R. W. Force , M. C. Nahata. in "Effect of histamine H2-receptor antagonists on vitamin B12 absorption", Annals of Pharmacotherapy, 1 October 1992.

"Gastrointestinal: All drugs in the H2 receptor blocker class of medicines have the potential to cause vitamin B12 deficiency, secondary to a reduction in food-bound vitamin B12 absorption." - in "", Wikipedia, 8 May 2020.

3. Disrupt the Human Body Metabolism

Have a negative effect in the Gastrointestinal System in general, and in particular upon the colon which leads to Constipation. Drugs also cause Nutritional Imbalances thus creating digestive and metabolic problems, many drugs cause death.

"Besides articles of food, we have many medicines which cause constipation." - Dr. H. von Ziemssen, MD, Professor of Clinical Medicine, Munich, in "Cyclopaedia of the Practice of Medicine", Vol. 7, 1876

"Drugs that have a severe constipating effect on the colon are, barium, sulfate, aluminium hydroxide gel, calcium carbonate, opiates, ganglionic blocking agents, and agents used for the management of Parkinsonism. It has also being suggested that toxic dilatation of the colon in patients with ulcerative colitis may be precipitated by the administration of opiates, anticholinergics and barium. Spasm of the sigmoid colon is induced by morphine and meperidine. This could result in increased pressure in the proximal colon that might result in

perforation of inflamed diverticula." - J. A. Benson, in "Gastrointestinal reactions to drugs", American Journal of Digestive Disease, 1971

Osteomalacia: softening of the bones, when there is deficient calcium incorporation into the skeleton, bones become flexible and gradually deformities can result such as rickets. Osteomalacia can occur if there is not enough vitamin D, and calcium in the diet, or, as a result of metabolic disorders that prevent its absorption. Abnormal kidney function, also leads to osteomalacia.

"Rickets and osteomalacia, associated with low or undetectable levels of 25-hydroxycholecalciferol, the major circulating metabolite of vitamin D, may develop in patients taking anticonvulsant drugs, particularly phenytoin and phenobarbital. It is difficult to avoid the conclusion that hepatic enzyme inducers interfere with the normal metabolism of vitamin D and, if given long enough, result in the production of metabolic bone disease in susceptible patients." - Brodie, MD, Boobis, Ph.D., Dollery, MD, Hillyard, Ph.D., Brown, MD, Macintyre, MD, Park, Ph.D., Departments of Clinical Pharmacology and Endocrinology, Royal Postgraduate Medical School, Hammersmith Hospital, in "Rifampicin and vitamin D metabolism", Clinical Pharmacology & Therapeutics, June 1980.

4. Create Distress to the Human Body Organs

"Many of us observe unfavourable and often disastrous sequelae from the use of the formula familiar to us as "606", or of mercury, or of quinine, and many other potent remedies, but these valuable remedies with their havoc in the system, their unknown destruction and known destructive efforts, must be eliminated with the good work they have wrought, or else we have, or may have, deposits of their detritus pent up in the

remote and dense structures of important organs of the body. The patient may be burdened with more waste and more dangerous waste than the toxemia itself might have caused. The gist of this article is to ask for good elimination "pari passu" with the administration of drugs of so potent a character as salvarsan, mercury, serums, etc. Many cases of latent specific neuroses may be thus avoided." - Dr J. C. Minor, MD, President of the Board of Health; Surgeon General, Arkansas National Guard, in "New York Medical Journal", 16 August 1913.

"Adverse Drug Reactions can involve every organ, and system of the body, and are frequently mistaken for signs of underlying disease. Gastrointestinal tract can be affected by many drugs or chemicals. Regarding different parts of this system, these reactions can be categorized to:

1. Colon
2. Esophagus
3. Esophagus-Stomach
4. Large Intestine
5. Liver
6. Oral Cavity
7. Pancreas
8. Peritoneum
9. Rectum
10. Small Intestine
11. Stomach
12. Stomach-Duodenum."

- in "The Adverse Drug Reaction in the Gastrointestinal Tract: An Overview", International Journal of Pharmacology, 2005.

5. Drug Induced Pulmonary Injury

"Drug-associated Respiratory Disease - Pulmonary damage from drugs which may lead to severe respiratory insufficiency or diffuse irreversible lung fibrosis. Pulmonary Eosinophilia, characterized by diffuse fluffy lung shadows with a frequently elevated eosinophil blood count. Drugs are one of the many possible causes for this phenomenon and several compounds have been identified (Leitch1979)." - Ph. Camus and L. Jeannin in "The Diseased Lung and Drugs", Arch. Toxicol., Suppl. 7, 1984.

"Nitrofurantoin is probably the drug most often reported to cause pulmonary injury in man. An acute and a chronic pulmonary reaction have been described. Respiratory distress and pulmonary infiltrates and effusions are the hallmark of the acute form, whereas the chronic reaction is characterized by pulmonary fibrosis. It has been speculated that nitrofurantoin-related pulmonary syndromes represent hypersensitivity reactions. Indeed, the recurrence of symptoms upon rechallenge and the described association with a lupus erythematosus-like clinical picture. In rats nitrofurantoin produces a dose dependent lung injury characterized by interstitial and intra-alveolar edema and hemorrhagic consolidation." - Bernhard H. Lauterburg, Charles V. Smith, and Jerry R. Mitchell, in "Molecular Mechanisms Involved in Drug-Induced Pulmonary Injuries", Seminar in Respiratory Medicine, October 1980.

"Nitrofurantoin was first sold in 1953. Sold under the brand name Macrobid among others. Is on the World Health Organization's List of Essential Medicines, the safest and most effective medicines needed in a health system." - Wikipedia, 17 May 2020.

6. Adverse Effects on the Lymphatic System

Medical drugs Acidify the body, and contribute to

lymphatic congestion. The Lymphatic System functions as a large Emunctory, to the Blood System, and needs an Alkaline environment for optimal function. Medical Drugs thus burden the liver. The liver is the main organ responsible for detoxifying the human body from all ingested toxic chemical substances contained in all medical trade drugs. The majority of which have damaging effects on the liver.

7. Hepatotoxicity: Toxic to the Liver

"The liver is the main organ o drug metabolism. This act figures prominently in the phenomenon known as the first-pass effect . Upon traversing the gastrointestinal epithelium, drugs are carried by the portal system to the liver before entering the systemic circulation. All orally administered drugs are subjected to first-pass metabolism in the liver." - David E. Golan in "Principles of Pharmacology", 2016.

"Additions to the first section include a discussion of the phenomenal enhancement of the knowledge of drug metabolism, including the toxicologic relevance of cytochrome P450 isoenzymology, an examination of factors affecting susceptibility to injury, and an update of the histopathology of hepatotoxicity. The 1st section also includes current concepts of the related mechanisms of injury with attention to the importance of cytokines in hepatotoxicology and the pathogenesis of chronic injury. The 2nd section provides an update of experimental hepatotoxicologic approaches and examples of experimental hepatotoxins leading to a variety of forms of hepatic injury. The 3rd section updates the hepatotoxicology of the domestic, occupational, and external environment. The 4th section deals with medicinal-related hepatic

injury, an issue so important to the clinician. That section has been extended considerably, in view of the many new drugs that have been incriminated. A final Appendix lists all of the medications mentioned in the book and the associated hepatic injury." - Hyman J. Zimmerman in "Hepatotoxicity: The Adverse Effects of Drugs and Other Chemicals on the Liver", 1999.

"The liver has a limited response to drug injury, but because of its central role in metabolism it is one of the principal targets for toxicity. Ways in which toxicity might be manifest include interference with bilirubin conjugation or excretion; cholelithiasis; dose-dependent reactions such as: Acute Toxic Hepatitis or Fatty Liver; dose independent (idiosyncratic) reactions such as
Diffuse Hepatocellular Damage or Cholestatic Hepatitis; Chronic Hepatitis and Fibrotic Lesions as well as Liver Tumours." - in "British Journal of Anaesthesia", Vol. 52, No. 11, November 1980.

"Adverse effects upon the liver are among the most important of drug reactions, and many of them are fatal." - in "Postgraduate Medical Journal", Vol. 57, Iss. 674, December 1981.

"Hepatic drug reactions can mimic very closely almost all types of natural disease." - T. B. Binns in "Drug Reactions and the Liver", 1981.

Hepatic drug toxicity is the most common cause of acute fulminant hepatic failure: "Drug-induced hepatic injury accounts for more than 50% of cases of acute liver failure in the United States. More than 75% of idiosyncratic drug reactions result in liver transplantation or death." - Dr William M. Lee, MD in "Drug-Induced Hepatotoxicity", New England Journal of Medicine, 31 July 2003.

8. Nephrotoxicity: Toxic to the Kidneys

Nephrotoxicity is Toxicity to the Kidneys. A poisonous effect upon kidney function. There are various forms, and some drugs affect kidney function in more than one way.

"The liver is the primary organ of drug metabolism, the kidney is the primary organ of drug excretion." - J. Remington, A. Gennaro in "Remington: The Science and Practice of Pharmacy", 2000.

"Biochemical pharmacologists, although in the forefront of contemporary scientific research, have paid little attention to the kidney, and nephrologists have rarely been trained in biochemical pharmacology." - K.D.G. Edwards in "Drugs Affecting Kidney Function and Metabolism", 1972.

"A number of Toxins cause an Acute Impairment of Renal Function, usually associated with Oliguria." - D. E. Oken, in "The Role of Nephrotoxic Agents in the Pathogenesis of Acute Renal Failure", 1972.

"Toxic Nephropathy is defined as a lesion (morphologic or functional) in the kidney, produced by a chemical or biologic product. These include drugs, poisons, and pesticides. Some drugs are nephrotoxic when used in a conventional way, others only in overdosage, or when used in specific morbid states or conditions of altered physiology. Nephrotoxins may be ingested, received by a parenteral route, inhaled, or absorbed from the skin. Some drugs, poisons, and pesticides, while not directly nephrotoxins, are metabolized to yield toxic metabolic products. By extension, the nephrotoxin concept has often been applied to the renal effects of physiologic substances which may be circulating in the

blood or extracellular fluid compartment in abnormally high or abnormally low concentration. Thus we may speak of Hypercalcemic, Hyperuricemic, Hyperxanthemic, Hypokalemic, and Hypo- Magnesemic Nephropathy.

The kidney is, however, peculiarly susceptible to the effects of drugs poisons, and pesticides, and the exact reasons for this unique susceptibility may include its large blood supply per gram of tissue, its large endothelial surface per gram of tissue, and the fact that it is a busy metabolic factory with very high oxygen consumption and glucose production, and rich endowment of enzymatic actions which may be blocked. Any substance which is filtered and secreted is concentrated along the luminal surface of the nephron by reabsorption of salt, urea, and water. Any drug that is involved in a secretory or in a reabsorptive transport process enters the cell and occupies an intracellular position during its transport.

Toxic Nephropathy

Drugs, pesticides and poisons affect the kidney in exquisitely subtle ways and may not be manifest tor long periods of time, it is useful to deal with toxic nephropathy in terms of a classification having to bear on the directness of the lesion. A variety of non-steroid anti-inflammatory analgesics have been shown to possess the capacity of inducing renal medullary necrosis and dysfunction. These drugs appear to share many corticosteroid-like actions and, like the steroids and salicylates, can cause gastric haemorrhage and ulceration and fluid retention. The mechanism of renal damage with these compounds is likely to be very similar to that of aspirin." - G. E. Schreiner in "Toxic Nephropathy due to Drugs, Solvents and Metals", 1972.

"In 1953, Spuhler and Zollinger first recognised the association between analgesics and Interstitial Nephritis, and Renal Papillary Necrosis. Like salicylates, both indomenthacin and isobutylphenylpropionic acid cause gastrointestinal irritation and ulceration. There is overwhelming clinical evidence from all parts of the world of the association of chronic analgesic abuse and renal failure caused by the characteristic type of papillary necrosis. There is considerable epidemiological, experimental and clinical evidence suggesting a causal relationship between prolonged consumption of analgesics and renal disease. The type of renal disease associated with excessive consumption of analgesic mixtures: Renal Papillary Necrosis due to Analgesic Toxicity and not to infection or obstruction appears to be the primary event and the cortical changes of Chronic Interstitial Nephritis occur secondarily as a result of Obstruction to the Renal Tubules in the necrotic papilla. Renal failure occurs due to nephron loss secondary to obstruction of tubules, Renal medullar damage, occurs as a result of high concentrations of toxic analgesic compounds. Aspirin appears to be the major toxic agent in APC Aspirin, Phenacetin and Caffeine mixtures. Phenacetin and consequently paracetamol, probably play a secondary but synergistic role in nephrotoxicity. Analgesic nephropathy is a common cause of renal failure." - R. S. Nanra, Priscilla Kincaid-Smith in "Chronic Effects of Analgesics on the Kidneys", 1972

"Nephrotic Syndrome in man is characterized primarily by specific glomerular dysfunction leading to an increased filtered load of serum proteins, increased renal catabolism of serum proteins, hypoalbuminaemia, and eventually, massive proteinuria (greater than 3 g/day), hyperlipidaemia, lipiduria and episodic saline retention with marked oedema.

The Mechanisms of Acute Nephrotic Hyperlipidaemia

1. An increased FFA/albumin ratio in the plasma.
2. Decreased lipoprotein lipase activity.
3. Induction of hormone-sensitive lipase in adipose tissue, causing increased FFA mobilization and depletion of fat stores.
4. Increased activity of pituitary/renal hormones (lipaemia-producing hormone, ACTH, growth hormone and renal derivatives) may be excessively activated by the nephrotic kidney.
5. Increased plasma fibrinogen levels due to increased hepatic synthesis of fibrinogen associated with increased serum FFA/albumin ratio.
6. Increased hepatic triglyceride.
7. Increased liver glycogen content and gluconeogenesis due to feedback inhibition of key glycolytic enzymes by excess FFA.
8. Diminished hepatic thyroxine content.
9. Decreased or normal liver tryptophan content.
10. Increased hepatic production of cholesterol.
11. Diminished hepatic cholesterol catabolism and bile salt production.
12. Increased hepatic weight.

In conclusion, the ideas listed above suggest that the nephrotic kidney which is known to induce hyperlipidaemia associated with increased hepatic production and decreased peripheral removal of lipids, may do so by excessive renal activation of growth hormone and/or lipaemia-producing hormone, and by excessive renal loss and catabolism of plasma albumin and other proteins and protein-bound compounds.

The latter may lead to a hepatic deficiency of plasma protein-bound hormones, essential amino acids and possibly essential fatty acids which control lipid metabolism. Marked changes occur in liver metabolism in the nephrotic syndrome, with increases in liver weight. Nephrotic

Hyperlipidaemia in man is associated with: Accelerated Atherosclerosis, including an increased morbidity and mortality from Coronary Heart Disease, Strokes, Peripheral Vascular Disease, and Vascular Thrombosis." - K. D. G. Edwards in "Antilipaemic Drugs and Nephrotic Hyperlipidaemia", 1972.

"Several types of drugs have been used in an attempt to ameliorate the immunological and inflammatory aspects of the various forms of glomerulonephritis. There is no evidence from controlled studies to show that corticosteroids or immunosuppressive drugs are of benefit in patients with any form of acute glomerulonephritis, membranoproliferative, membranous or other chronic proliferative forms of glomerulonephritis. Any improvement may possibly represent an expression of the natural history of the disease." - A. R. Clarkson, J. S. Robson in "The Effect of Drugs on Immunological Renal Disease", 1972.

Peripheral Neuropathy

"The reader is referred to the excellent review by Tyler for a comprehensive account of the neurologic disorders in renal failure. Worthy of emphasis is the occurrence of polyneuropathy as a complication of chronic renal failure and that these changes roughly correspond to the degree of renal failure. Usually clinical symptomatic sensory neuropathy does not develop until renal failure is very severe, and may present as the 'restless leg syndrome'. Patients with clinical diabetic nephropathy almost invariably have obvious diabetic involvement of other systems. Chronic Renal Failure is associated with a high incidence of Atherosclerosis and Coronary Artery Disease.

Urinary Excretion of Drugs

The kidney is the prime route of excretion for many drugs and a significant route for many others. In addition, the inactive metabolites and conjugates of many drugs also depend primarily on renal excretion." - C. R. Blagg, B. H. Scribner in "Diet, Drugs and Dialysis in the Management of Chronic Renal Failure", 1972

"Since no international registry for Nephrotoxic Injury exists, estimates of incidence must rely on less than ideal sources. Recently I, together with Dr. William Bennett, summarized a survey of the frequency of various categories of nephrologic disease (Porter and Bennett, 1981). Based on this survey, we projected that in nearly 1 of 10 patients seeking nephrologic consultation a nephrotoxic etiology may be involved. Of cases of end-stage renal disease, between 3% and 4% are due to Drug Nephrotoxicity, according to recent published results (European Dialysis and Transplant Association, 1979). For Acute Renal Failure, Antibiotics and Contrast Agents persist as major offending agents, while for chronic renal failure, analgesics remain a worldwide problem. Certain characteristics of the kidney increase its vulnerability to injury by clinical agents. Because many drugs are either organic cations or anions, binding to serum proteins protects them against filtration but does allow transport by proximal tubular cells. Such transport may lead to either elevated intracellular concentration, as in the case of certain cephalosporins, or high intraluminal concentrations in proximal tubular segments, as noted for penicillins. Drugs, through accumulation, metabolic conversion, and elimination, may interfere with normal vital mechanisms. By medullary countercurrent processes, cellular injury leads to papillary necrosis. Another example is furnished by agents that act like osmotic diuretics, causing fluid and electrolyte depletion by obligating renal water excretion and altering distal tubular

flow pattern. Finally, the depletion of critical minerals from the body, e.g., Potassium, Calcium, or Magnesium, by diuretics can, compromise normal renal function." - Dr George A. Porter, MD in "Nephrotoxic Mechanisms of Drugs and Environmental Toxins", 1982.

"Since the early 1900's transient proteinuria, increased tubular cell excretion, hematuria, fluid retention (salicylic edema), abnormal elevation of blood urea nitrogen; have been reported following the administration of salicylates. In addition, acute tubular necrosis, and renal failure are recognized complications of salicylate poisoning. In 1950 Spuhler and Zollinger observed an increasing incidence in Zurich of chronic interstitial nephritis at autopsy, possibly related to a history of chronic ingestion of large amounts of analgesic drugs. Bacterial infection is a secondary phenomenon. The clinician must be aware that there is compelling evidence that Antirheumatic Drugs may cause functional and structural renal damage. - G. A. Cinotti in "Clinical Assessment of the Renal Toxicity of Antirheumatic Drugs", Arch. Toxicol., Suppl. 7, 1984.

"Acute renal failure is a well known complication of procedures that involve iodinated contrast media. Despite this, contrast medium induced nephropathy accounts for about 12% of all cases of hospital acquired renal failure. Prevention of this type of nephropathy is crucial as it is associated with prolonged hospital stay, risk of permanent renal impairment, and a more than fivefold increase in mortality. Nephropathy induced by contrast medium is defined as an impairment in renal function that occurs within 72 hours of giving contrast medium." - in "Acute Renal Failure Induced by Contrast Medium", British Medical Journal, 9 September 2006.

"Acute Kidney Injury can no longer be considered a surrogate

marker for severity of illness. Recent epidemiologic data demonstrate the association of Acute Kidney Injury and mortality. Even small decreases of kidney function are associated with increased mortality. Decreased free water clearance leading to volume overload contributes to morbidity and mortality, but also to deterioration of kidney function. Acid-base disorders and electrolyte abnormalities interfere with normal functioning of many processes in the body. Critically ill patients have an increased prevalence of infection. Infection and antimicrobial therapy can be the cause of Acute Kidney Injury." - in "Clinical Consequences of Acute Kidney Injury", Contribution to Nephrology, Karger, Vol. 174, 2011.

"Iodinated contrast drugs are used in clinical medicine to visualize internal organs, since one of the properties of iodine is its high-contrast density. A very important unwanted effect of the use of contrast drugs is Acute Kidney Injury, ie, a sudden decrease of renal function due to renal damage." - in "Update on the renal toxicity of iodinated contrast drugs used in clinical medicine", in "Drug, Healthcare and Patient Safety", 2017.

9. Ocular Toxicity: Toxic Effects of Some Systemic Drugs upon the Eye

"Every drug can produce untoward consequences, even when used according to standard or recommended methods of administration. Adverse drug reactions can involve every organ and system of the body, even the eye, and frequently are mistaken for signs of underlying disease. Reactions in the eye may involve the eyelids, periorbital tissues, lacrimal apparatus, conjunctiva, cornea, lens, iris, ciliary body, intraocular pressure, retina, optic nerve, and ocular movement. In addition, fetal abnormalities can be caused by the use of eye drugs during pregnancy. Topical ophthalmic therapies or the use of

ophthalmic dyes may cause systemic reactions." - in "Drug-induced Toxic Reactions in the Eye", Journal of Infusion Nursing, Vol.27, November-December 2004.

"As the eye may be the first place to show signs of systemic disease, so some systemic drugs may show their toxic effects in the eye; this is in part due to the small mass and the relatively high vasculature of the eye. The integrity, thus permeability of the blood-aqueous barrier may be a determining factor. These effects range from: Pruritis, Irritation, Redness, Epiphora (excess tear production with overflow), Photophobia and Blepharoconjunctivitis (Inflammation of the Eyelids, and Conjunctiva), to disturbance of vision (Andrew 2006).

Particular effects of specific drugs:

*- **Methotrexate and related Antimetabolites:** these drugs may cause blepharoconjunctivitis. They may also induce: Photophobia, Epiphora, Periorbital Oedema, and Conjunctival Hyperaemia.*
*- **5-Fluorouraeil** (5-FU): 5-FU can cause canalicular fibrosis and oculomotor disturbances (probably secondary to a local neurotoxicity affecting the brain-stem).*
*- **Antihistamines**: these drugs decrease tear production and may lead to "dry eye", especially in patients with Sjogren's syndrome (wasting disease of the salivary glands), Ocular Pemphigus (rare, autoimmune disease of the skin).*
*- **Tamoxifen**: this drug can cause subepithelial whirl-like deposits in the cornea,*
and retinal lesions.
*- **Indometbacin**: this can cause: blurred vision, corneal deposits and retinal pigmentary toxicity.*

*- **Oral Contraceptives**: these can stimulate corneal steeping and intolerance to contact lenses.*
*- **Atropine, Scopolamine and Belladonna-like substances**: such drugs cause mydriasis (widening of the pupil) and cycloplegia (paralysis of the ciliary muscle that moves the iris).*
*- **Corticosteroids**: prolonged use of corticosteroids produces posterior subcapsular cataracts and can increase intraocular pressure.*
*- **Chloramphenicol**: chloramphenicol treatment can lead to optic neuritis.*
*- **Ethambutol**: this drug can cause damage to the optic nerve.*
*- **Rifampicin**: stains soft contact lenses and alters tear coloration.*
*- **Digoxin**: in overdose results in blurred vision and yellow/green vision.*
*- **Antidepressants**: may cause a rise in intraocular pressure causing acute glaucoma.*
*- **Amiodarone**: may increase corneal opacity.*
*- **Ciprofloxacin**: may deposit in the corneal epithelium.*
*- **Beta-blockers**: may affect lacrimation causing reduced tear secretion and dry eye.*
(Forrester et al. 2002; Abdollahi et al. 2004; Andrew 2006; BNF 2006)". - in "Clinical Nursing Procedures, The Royal Marsden Hospital Manual of", 2008

10. Ototoxicity: The Poisoning of the Ear

"Many drugs have been known at one time or another to produce sensorineural hearing loss. They include such commonly-used agents as salicylates and diuretics, but the most important of them are the ototoxic antibiotics, particularly those of the aminoglycoside group. The risk is increased by poor renal or hepatic function, and with all of them, there may be a latent period between the termination of administration and the

patient's awareness of a hearing loss." - John Ballantyne in "Ototoxicity: A Clinical Review", International Journal of Audiology, January 1973.

"Otologic side effects of drugs are more common than people imagine. Each year, the side effects of ototoxic drugs disrupt millions of people's lives and leave a trail of upheaval in their wake. The exact incidence of ototoxic side effects is not known, we apparently only see the tip of the iceberg. For extremely ototoxic drug such as cisplatin the chances of incurring hearing loss is almost 100% while it is estimated to be 63% with Aminoglycosides. Ototoxicity is defined as: 'the tendency of certain therapeutic agents and other chemical substances to cause functional impairment and cellular degeneration of the tissues of the inner ear, and especially of the end-organs and neurons of the cochlear and vestibular divisions of the 8 cranial nerve. Direct toxic effects on the sensory end organs (i.e., hair cells) also play a role in drug induced toxicity. Some drugs also appear to have central effects, delaying brain stem auditory impulses or altering higher central processing so that patients wrongly complain of hearing loss which in turn is wrongly ascribed to an Ototoxic action. Some of the most important drugs are also potentially Nephrotoxic." - in "Ototoxicity: The Hidden Menace", Indian J. Otolaryngol Head Neck Surg., July- September 2011.

"The panorama of potential Ototoxicity of some antibiotics gained recognition among medical professionals after World War 2. With the evolution of the pharmaceutical industry over the decades, there has been an increase in the number of potential ototoxic agents in the international Pharmacopeia. Ototoxicity is the cellular degeneration of cochlear and/or vestibular tissues leading to its functional deterioration, due to the usage of certain therapeutic agents. Ototoxic drugs can act on the cochlea, vestibular system or both. There are over 600 categories of drugs

which have the potential to cause Ototoxicity. Damage to the Auditory System due to Drugs can present in various ways:

1. Tinnitus
2. Hearing Loss
3. Hyperacusis
4. Aural Fullness
5. Dizziness
6. Vertigo

Symptoms may range from temporary tinnitus to permanent deafness and/or mild imbalance to total incapacitation." - "Ototoxicity: A Challenge in Diagnosis and Treatment", Journal of Audiology & Otology, 2018.

11. Neurotoxicity: The Poisoning of the Central Nervous System and ultimately the Brain. Creating Havoc to the Nervous System.

"Neurotoxicity is a form of toxicity in which a biological, chemical, or physical agent produces an adverse effect on the structure or function of the central and/or peripheral nervous system. It occurs when exposure to a substance, specifically, a neurotoxin or neurotoxicant. It alters the normal activity of the nervous system in such a way as to cause permanent or reversible damage to nervous tissue. This can eventually disrupt or even kill neurons, which are cells that transmit and process signals in the brain and other parts of the nervous system." - in "Cellular and molecular mechanisms involved in the Neurotoxicity of Opioid and Psychostimulant Drugs", in Brain Research Reviews, June 2008.

"Toxicity: Poisoning and Drug Intoxication. Cardiac Arrest, is a leading cause of death in patients." - in "Clinical Nursing Procedures, The Royal Marsden Hospital Manual of", 2008

Cardiac Arrest due to Poisoning

"Cardiac Arrest from Poisoning results from direct effects on the Cardiovascular or the Central Nervous System. Cardiac effects may be caused by perturbation of the autonomic system, antagonism of ion channels, or interference with myocardial metabolism. Central Nervous System active poisons cause cardiac arrest through either respiratory suppression (leading to asphyxial arrest) or central nervous system stimulation with seizures or severe agitation (and the resultant metabolic abnormalities). Restoration of haemodynamics (dynamics of blood flow) often requires addressing the effects of the poisoning. Many different poisons cause cardiac arrest." - K. Heard, Norman A. Paradis, in "Cardiac Arrest", 2007

"Sudden Cardiac Arrest: is a leading cause of death in the United States, killing more than 325,000 people each year. That's more than the total death rate for breast cancer, lung cancer, and HIV/AIDS combined. A heart attack is a "plumbing" problem caused by one or more blockages in the heart's blood vessels, preventing proper flow, and the heart muscle dies. Symptoms include chest pain, radiating pain in left arm, between shoulder blades, and/or jaw, difficulty breathing, dizziness, nausea and vomiting, and sweating." - in "Fact Sheet", Sudden Cardiac Arrest Association, 2011.

12. Sarcoidosis: The state of the body, which involves an abnormal collections of inflammatory cells that form lumps known as granulomas. The manifestation of symptoms start first in the lungs, skin and lymph nodes (in the chest area). Sarcoidosis can affect any organ, and individuals may experience extreme tiredness and fever.

"The most common drugs that are associated with

granulomatous reactions are:

1. Antiretroviral Therapy
2. Interferons
3. Tumor Necrosis Factor (TNF)-alpha antagonists
4. Immune Checkpoint Inhibitors

We included all adverse drug reactions reported between 1967 and January 2019 with the preferred terms of "Sarcoidosis", "Pulmonary Sarcoidosis", "Cutaneous Sarcoidosis", "Ocular Sarcoidosis", "Neurosarcoidosis", and "Cardiac Sarcoidosis". A total of 127 reports had significant IC025 values for drug-induced Sarcoidosis, and 110 were included in the final analysis, accounting for 2,425 adverse drug reactions. Overall, 2,074 (85.5%) reactions were considered "serious", and 86 (3.5%) were fatal. Most of the drugs that led to Sarcoidosis adverse reactions were: TNF-alpha antagonists, interferon or peg-interferon therapeutics, and immune checkpoint inhibitors. Cancer-targeted therapies such as BRAF or MEK inhibitors were associated with Sarcoidosis reactions in 37 cases. Pulmonary hypertension drugs were also reported for drug-induced Sarcoidosis. Among the 55 drugs considered as potential sarcoidosis inducers, 25 (45.4%) were never reported in Medline as drug-induced sarcoidosis." - Dr Fleur Cohen Aubart, MD in "Drug-induced sarcoidosis: an overview of the WHO pharmacovigilance database", Journal of Internal Medicine, October 2019.

13. Many Medical Drugs cause Drug Addiction

"There is another class of Opium-takers in which abnormal nutrition seems to be the most active factor in the causation. The neurotic or opium diathesis is not apparently present, and opium-taking dates from some nutrient disturbance. Such cases are very commonly sufferers from dyspepsia, derangement of the liver and bowels. They have

a deranged appetite, headaches, cramps, thirst, and fever at times, with nausea. They are anaemic and hyperaesthetic, and complain of varied pains and neuralgias. These cases are evidently ill-nourished, and, in all probability, suffer from imperfect digestion, assimilation, and elimination of food products and waste material. Poisonous compounds and auto-intoxications form sources of serious trouble. The brain suffers from fatigue and pain, the cells are imperfectly nourished, and congestions, complex neuralgias, nerve irritation and instability follow. For this condition opium is almost a specific paralyzant. These cases are found among the over-fed, and those who neglect common hygienic rules of living. Cases of the over-fed are usually epicures, gormands, and persons living sedentary lives, and eating at all times and places. Dyspepsia and derangement of the bowels and kidneys make them drug-takers; then follows opium in some form. Defective Elimination and Auto-Intoxications are always present. The under-fed are usually misers or persons very poor and very neglectful of them selves, or paranoiacs who have some food delusion. They are practically suffering from cell and tissue starvation and nutrient debility. The same dyspepsia and bowel derangements follow. Then follows drug-taking or special foods, and soon opium is discovered and adopted as a remedy. The same poisonous waste products appear from deranged assimilation; also, elimination and the nerve centres are deranged by these new and dangerous chemical compounds. The class of persons who, from simple neglect, become diseased, are often the very poor and ignorant, or some division of the great army of borderliners, who live both mentally and physically on the very frontiers of sanity and insanity. Such persons clearly suffer from many and various forms of auto-intoxications, and this is proven inductively by the result of eliminative treatment. In all of these cases of nutrient neglect, many favouring conditions encourage the use of opium. These cases are numerous and comprise a large part of the invalids, hypochondriacs, and chronic drug-takers who are seen in our offices and at the dispensaries.

They are all practically suffering from faulty assimilations, and faulty eliminations and the irritation of retained poisonous compounds.

Opium is a remedy of positive force in covering up the protests of the defective cells and irritable nerves.

Often these cases are concealed and are partly the result of previous disorder, and partially acquired from the effects of opium.

Next to this class of nutrient sufferers who become opium-takers, are those who have some entailment of disease or injury. In their history it will appear that some stage of invalidism was present, dating from brain, nerve, or bodily injury.

Fevers, heat, or sunstrokes, brain shocks from any source which are followed by unconsciousness, or marked mental perturbations, with exhaustion, and also a profound lowering of all the vital forces. These and other events have left damaged functional and organic activities, manifest in various neuralgias and physical disturbances.

The use of opium conceals and covers up this trouble. Where the history of a Neurotic Diathesis is present, the withdrawal of the opium should be equally slow.

More attention must be paid to the brain and nerve nutrition. The removal of opium may be followed by the appearance of very serious disorders, such as: Epilepsy, Hysteria, Complex Neuralgias and Paranoiac Phases, alcoholism, and various other neuroses. The slow withdrawal of opium enables one to discover and anticipate these neurotic troubles which have been masked before. In 1 case, Suicidal Melancholy; in another, Hyperaemia of the Brain, with delusions; in the 3rd, Irritation and Delirium; in the 4th, Hysterical Spasms appeared when the opium was removed. I have seen 2 cases of general paralysis suddenly spring into great activity, after the opium was taken away. This condition was not suspected before. Alcoholism is a very common sequel after the removal of the opium. Cocaine, Chloral, and almost every drug that has narcotic properties are also very common entailments. While these are extreme cases, they are likely to be formed at any time.

Great care should be exercised in using other narcotics to lessen the irritation from the withdrawal of this drug.

Foods and tonics should be given. These cases require the same general treatment as neurasthenia and other states of brain exhaustion.

They are drug-takers and will resort to anything for relief.

They are secretive, and require more care and more mental remedies, with long, exact hygienic surroundings.

Where the opium addiction has apparently come from bad nutrition and faulty elimination, with auto-intoxication, the treatment is very hopeful.

A long preliminary course of baths, mineral waters, and tonics should precede the removal of opium.

Then the opium may be removed at once, without the knowledge of the patient. In proper surroundings with frequent baths, little danger of relapse or suffering will follow.

Careful study and treatment of nutrition and digestion will fully restore the case, and relapse seldom occurs except from failure or neglect of the surroundings.

In the last class, where opium is taken and apparently follows from the entailment of some injury or disease, or the exhaustion of old age, a preliminary treatment seems to be required.

Often the opium can be abandoned at once for some milder narcotic, and from this, by gradations, discontinued entirely." - Dr T. D. Crothers, MD, Superintendent Walnut Lodge Hospital, Hartford, Connecticut, in "Some New Studies of the Opium Disease", JAMA, 20 February 1892.

> *"Looking at this subject from the medical side, I would say that 1 have taken some trouble to ascertain the frequency with which opium is prescribed by the general practitioner. The ordinary prescription-file of the drug stores will show that 3 out of 5 of the prescriptions contain opium in some form or other, and I think that more than a little of the responsibility for opium-eating lies at the physician's door. It is prescribed without any attempt at cure, for opium has few curative effects, especially in*

acute disease. In shock opium will not effect a cure, except in so far as it relieves pain, and if pain is the only thing to be remedied, often we have the remedy in opium. In abdominal surgery we must refuse to use it. In these cases opium, instead of being beneficial, is harmful. Although it lulls pain, it produces much after-discomfort. Opium is injurious not only from its physical effect, but also from its moral influence. Take a patient broken-down with pain, add the pain of operation, and give a drug which destroys the power of self-control, and you introduce a semi-hysterical element which causes unending trouble." - Dr Joseph Hoffman, MD in "JAMA", 20 February 1892.

"The responsibility of the opium habit can, I think, be referred directly back to the physician. Opium, by its stupefying influence upon the nervous system, covers up and masks the symptoms. The physician also is lulled into a feeling of security, and does not recognize the destructive changes that are taking place, and is only awakened when he finds his patient absolutely dying. I have seen cases of appendicitis where the physician t ought that the patient was improving, and at the abdomen was full of pus and the patient dying, the
opium had not only quieted the patient, but also lulled the doctor into a feeling of security." - Dr M. Price, MD in "JAMA", 20 February 1892.

"Bartholow states that, as a rule, opium does harm in all gastro-intestinal maladies in which there is a deficiency in the proper secretion, or a suspension of the functions of the liver and kidneys.

Dr J. B. Mattison, in his valuable paper read before this Society "The Renal Status of Opium Habitués", October 1890, after a careful analysis, arrived at the following conclusions: First, the habitual use of opium in any form will cause organic renal disease; 2nd the changes most likely to be met with are cirrhotic; 3rd that the rationale is threefold.

Vasomotor changes, impaired general nutrition and inflammatory action due to non-eliminated irritant products.

I would further call attention to the valuable contributions of Dr A. Haig, published in the British Medical Journal 1890, in his studies on the influence of opium and morphine on uric acid; also, of the retention of this latter product in the human economy and its relation to the causes of disease.

His observations and experiments proved to him that the administration of opium or morphine caused retention of uric acid, accompanied by a reduction of arterial tension; that, when the effect passes off, there is a rebound, with an excessive excretion of uric acid and marked high tension, often accompanied by headache and mental depression.

In our day of progressive medical science it becomes necessary that we should join hands and forces — first, to see if the proper hygienic rules regarding clothing, exercise, and cleanliness are scrupulously carried out, and that the proper functions of Secretions and Excretions are thoroughly understood.

If aside from these precautions there is still pain, a local investigation should be made by the physician, and, the condition carefully studied, the cause removed if possible. To give an opiate in such cases I consider criminal, since the patient receives a double injury; not only is she not relieved permanently, but she is robbed of much of her normal resistance, and I fear many have become chronic invalids, for it is a constant struggle to overcome the after-effects of the opiate before the time arrives for another relief of the same sort.

If the patient escapes becoming addicted to the opium habit, she cannot escape the local gastro-intestinal irritation which is invariably set up, and which will defy all medication so long as its cause is kept up.

If an examination reveals no functional trouble other than the local congestion, or possibly some displacement downward induced by improper clothing or a lack of attention to the proper excretions, is it not at once clear that an opiate in the long run increases the cause of pain? Lulling

the pain induces no cure, and the resulting constipation acts in 2 ways to make the patient worse:

1st the pressure of a distended bowel; 2nd the absorption of effete products. Let such conditions continue for some years, as they often do, and we have other factors enter the field to make life miserable — sluggishly acting liver or kidneys, a worn-out stomach, and not infrequently a nervous wreck.

In order to emphasize this point, I will only have to call attention to a series of comparative experiments on animals made by Dr Edward Levinstein, and reported in his book on "Morbid Craving for Morphine." His deductions from a number of experiments are as follows:

"1. That internal applications of morphine sooner paralyze the digestive powers of the stomach than the subcutaneous injection.
2. Both ways of administering morphine bring on functional disorders of the secreting nerves,
3. Both cause catarrh of the stomach and intestinal tract.
4. Large doses of morphine given internally cause a subacute catarrh of the stomach, on account of the irritating chemical action of the morphine.
5. The subcutaneous injection of morphine causes a chronic catarrh of the intestines in a mechanical manner; in consequence of the impaired influence of the secreting glands due to the action of the morphine, the secretion of the digestive fluids is stopped altogether, or at least diminished in quantity, and consequently the intestinal tract is encumbered for a longer time by the ingesta."

The same author speaks of amenorrhoea and sterility as being a sequence to the continued use of morphine, drawing largely upon the results of his own observations, and accepts Pflueger's theory in explanation of it. In these days, when "preventive medicine" is being advocated by all of us who desire to place medical science

on the highest standard, should we not think many times more than twice before we write a prescription for an opiate to relieve pain? In the face of all these facts, it becomes a serious question of right and wrong if we stop short of exerting all our knowledge to study the muse of the pain we have been called in to alleviate. Often the prescription book is entirely useless, unless its blanks could be filled with directions to the patient how to dress, eat, and give herself the physical care she needs." - Dr Marie B. Werner, MD in "Some Contra-Indications for the Use of Opiates", JAMA, 20 February 1892.

14. The majority of Medical Drugs make the Symptoms Worse.

Treatment-Related Problems

"2,747 patients, having a total of 10,672 Treatment-related problems, were included in the study. The medication groups most commonly associated with Treatment-related problems were: Cardiovascular 53.0%, Endocrine 18.1%, and Gastrointestinal 7.7% drugs. Hypertension, Diabetes Mellitus, and Dyslipidemia were the most common diseases associated with different subtypes of Treatment-related problems." - in "Which Drugs Cause Treatment-Related Problems? Analysis of 10,672 Problems within the outpatient setting", Therapeutics and Clinical Risk Management, 2018

Medical Drugs, The Great Contributors to Gastrointestinal Problems

"Roughly 18,000 tons of laxatives are sold in the United States every year (1998). More laxatives are sold in the United States than any other medication with the exception of aspirin. Antihistamines, antibiotics, and sulfa drugs are great contributors to gastrointestinal problems, including gas, as they destroy the friendly bacteria in the intestine. Drug residues can settle in the tissues of the bowel wall and continue to cause problems." - Dr. Bernard Jensen's, DC in "Guide to Better Bowel Care", 1999.

An Analytical Inquiry
Into the more Remarkable Causes which have in different ages and countries operated in producing the revolutions that characterize the History of Medical Substances

"It has been very justly observed that there is a certain maturity of the human mind acquired from generation to generation, in the Mass, as there is in the different stages of life in the Individual man; — What is history when thus philosophically studied, but the faithful record of this progress? pointing out for our instruction the various causes which have retarded or accelerated it in different ages and countries."

Before I proceed to discuss the particular views which I am prepared to submit to the College, on the important but obscure subject of medicinal combination, I propose to take a sweeping and rapid sketch of the different moral and physical causes which have operated in producing the extraordinary vicissitudes, which so eminently characterize the history of Materia Medica.

Such an introduction is naturally suggested by the first

glance at the extensive and motley assemblage of substances with which our cabinets are overwhelmed.

The College of Physicians may now be said to possess one of the most complete collections of Materia Medica in Europe. That, collected by Dr. Burgess, and presented to the College after his death by Mr. Brade, to whom it was bequeathed, has lately been collated with the cabinet of Dr. Coombe, purchased for that purpose. It is impossible to cast our eyes over such multiplied groups, without being forcibly struck with the palpable absurdity of some - the disgusting and loathsome nature of others - the total want of activity in many - and the uncertain and precarious reputation of all - or, without feeling an eager curiosity to enquire, from the combination of what causes it can have happened, that substances, at one period in the highest esteem, and of generally acknowledged utility, have fallen into total neglect and disrepute; why others, of humble pretensions, and little significance, have maintained their ground for so many centuries; and on what account, materials, of no energy whatever, have received the indisputable sanction, and unqualified support, of the best and wisest practitioners of the age.

That such fluctuations in opinion and versatility in practice, should have produced, even in the most candid and learned observers, an unfavourable impression with regard to the general efficacy of medicines, can hardly excite our astonishment, much less our indignation; nor can we be surprised to find, that another portion of mankind has at once arraigned Physic as a fallacious art, or derided it as a composition of error and fraud. Voltaire impressed with this sentiment has given the following flattering definition of our profession:

> *"The Art of Medicine consists of Amusing the Patient while Nature Cures the Disease."*

They ask, and it must be confessed that they ask with reason, what pledge can be afforded them, that the boasted remedies of the present day will not, like their predecessors,

fall into disrepute, and in their turn, serve only as humiliating memorials of the credulity and infatuation of the physicians who commended, and prescribed them?" - In "Pharmacologia comprehending the art of prescribing upon fixed and scientific principles together with the history of medicinal substances", Vol. I, 1824

Chemical Medication is a Great Mistake

"In all cases of disease, Nature Herself continually strives to bring back a state of health, and the object of medical treatment is, to assist this natural effort.

If the medicine acts one way, while nature is acting another way, it not only does no good, but possibly much harm. And this has really been the case with much of the past medication.

Nature would be trying to bring matters right by throwing out an eruption, by a diarrhoea, or a profuse perspiration, and the doctor would immediately step in, with his medicines, to stop all these operations, which he mistook for the disease itself. The consequence was that nature's efforts were all counter-acted, and she had the effects of the medicines to fight against, in addition to the disease.

No doubt many thus died, from being doctored, who would have lived had they been let alone. Much of the chemical medication is a great mistake, founded on ignorance of the actual chemical state of the bodily fluids, and of the changes which the medicines undergo after they are taken.

It is but seldom that medicines can be given, with any

certainty, to cause direct chemical changes in the living body, and much and serious evil is being done constantly in the attempt. Most people suppose that it is the medicine itself which acts directly on the part, but this is a mistake." - Dr. Frederick Hollick, in "The Nerves and the Nervous", 1873.

Today's Reality

"Some 70% of Americans taking prescription drugs—yet we have worse health outcomes than other industrialized countries. Part of the problem may be the drugs themselves.

As Slate's devastating expose on the fraud in clinical drug trials shows us: We don't know much about the drugs we prescribe. Even our most prestigious journals publish research based on falsified studies, according to Charles Seife, a journalism professor whose class spent a semester trying to figure out why the data don't get corrected once research fraud comes to light.

"As a result," Seife writes, "nobody ever finds out which data is bogus, which experiments are tainted, and which drugs might be on the market under false pretences". - Dr Daniela Drake, MD in "Big Pharma Is America's New Mafia", The Daily Beast, 2015.

> *"Two Thirds of Patients See Physicians Who Receive Payments From Pharma Study finds more patients are visiting physicians who have ties to industry than previously thought. A new study, published in the Journal of General Internal Medicine, estimates how many patients have physicians who receive money or gifts from the pharmaceutical industry. The results from the nationally representative online survey, conducted in the US, indicate that about 2/3 of American adults saw a physician who had received payments from industry within the last year". - Shannon Peters in "Mad in America Foundation", 2017.*

The Vioxx Case
How Americans Died and Nobody Noticed

"Rofecoxib was a Synthectic Drug used by Medical Doctors to suppresses the COX-2 enzyme, it is fought that this enzime is used by the tumour cells of prostate as basic fuel for their proliferation, Abtiandrogenic action inhibiting 5 alpha reductase. But there is a natural plant called Prunus africana which is also capable to suppresses COX-2 enzyme, without killing thousands of people." - Dr. Lair Ribeiro, MD worked at Harvard Medical School, Baylor College of Medicine and Thomas Jefferson University. He was also Medical Director of Merck Sharp & Dohme, and Executive Director and later vice president of Ciba Corporation, later became Novartis.

The US drug Vioxx was responsible for thousands of deaths, Merck agreed to pay $4.85 Billion for legal claims, to settle almost 27,000 lawsuits that claim the drug caused heart attacks and strokes.

About the Drug

Rofecoxib known under the brand names Vioxx, Ceoxx, and Ceeoxx was a nonsteroidal anti-inflammatory drug (NSAID) manufactured by Merck.

Fabricated Efficacy Studies

On the 11th March 2009, the former Chief of Acute Pain at Baystate Medical Center, Springfield, Mass., revealed that data for 21 studies he had authored for the efficacy of the drug (along with others such as celecoxib) had been fabricated in order to augment the analgesic effects of the drugs.

The likely Future

In November 2017, Cambridge, Mass.-based Tremeau Pharmaceuticals announced its plan to return rofecoxib to

market as a treatment for severe joint pain caused by hemophilia. A case of total absurdity.

Nifedipine

All Medical Synthetic Drugs are Poisonous to the Human Body System. This is a reality that the so-called Medical Doctors are not "aware" of. Nevertheless there is in every country a book entitled "National Formulary", those who read the National Formulary of their own country will see, first hand the extent of the poisonous nature of these so-called Medicines.

Just to give an example of the Drug Nifedipine and its effects on the Human Body. Nifedipine is a so-called Medicine used to treat high blood pressure, but in taking these so-called Medicines given by the Medical Doctors they cause about 20 more problems to the body.

So I don't understand the mathematics of taking a drug for x1 problem and creating x20 problems. This is your health unless you start making questions, unless you start to learn about what is going on you will be just like anyone else an unwilling victim of poisoning by the Medical Trade.

In the section of Precautions the following is stated:

> *"Remove it in case of ischemic pain: it produces or worsens existing pain shortly after starting the treatment." from Page 452 "National Formulary", Lima 2011.*

"Side-effects gastro-intestinal disturbance; hypotension, oedema, vasodilatation, palpitation; headache, dizziness, lethargy, asthenia; less commonly tachycardia, syncope, chills, nasal congestion, dyspnoea, anxiety, sleep disturbance, vertigo, migraine, paraesthesia, tremor, polyuria, dysuria, nocturia, erectile dysfunction, epistaxis, myalgia, joint swelling, visual disturbance, sweating, hypersensitivity reactions (including angioedema, jaundice, pruritus, urticaria, and rash); rarely anorexia, gum

hyperplasia, mood disturbances, hyperglycaemia, male infertility, purpura, and photosensitivity reactions; also reported dysphagia, intestinal obstruction, intestinal ulcer, bezoar formation (with some modified-release preparations), gynaecomastia, agranulocytosis, and anaphylaxis; overdosage, see Emergency Treatment of Poisoning". - from page 136, "British National Formulary", 2015.

Look at the side-effects and see how many conditions affecting the functioning of the Emunctories and specially that of the Skin, in which and by which the skin is working in over load mode to help remove the poisonous substance from the blood system.

So why would some one be taking this drug?

From the NHS website (beta.nhs.uk/medicines/nifedipine, 2017) we find the following:

"Take nifedipine even if you feel well, as you will still be getting the benefits of the medicine."

"**How much will I take?**

Your dose of nifedipine depends on why you need the medicine and what kind your doctor has prescribed.

- Short acting capsules or liquid: 5mg 3 times a day (every 8 hours)
- Long acting tablets or capsules: 10mg twice a day (every 12 hours) or 20 to 30mg once a day (every 24 hours, preferably in the morning)

If a doctor prescribes it for your child, the dose will usually be lower."

Then the page goes on with the flowing absurdity:

"**Side effects**

Like all medicines, nifedipine can cause side effects although not everyone gets them. Side effects often improve as your body gets used to the medicine." - Source: beta.nhs.uk/medicines/nifedipine, 2017.

"I've got a headache, my back hurts, I feel sick all over, do you have an aspirin? George was in perfect health and he just fell over with a heart attack! Have you heard any of these statements before? Does this sound familiar to you? Do you realize that you can stop that feeling and control the functions of your own body? Do you realize that doctors do not heal your body? Do you realize that drugs do not heal your body? Do you realize that your body heals itself or it does not get healed? In order for your body to heal itself, it needs the right building blocks to work with. If it does not have these blocks, it will get worse or continue on in a blah sort of way." - Dr Stan Malstrom, ND and Jared Brown in "Roots of Disease", 1979.

Paracetamol No Good for Back Pain

"Paracetamol is ineffective at treating back pain and osteoarthritis despite being a recommended treatment, a group of Australian researchers has warned. Their review of 13 clinical trials, published in the British Medical Journal, said the drug did not reduce disability or improve quality of life. Instead, the group warned, it increased the odds of liver problems. Paracetamol for low back pain and osteoarthritis was also shown to be associated with higher risk of liver toxicity in patients." - James Gallagher, Health Editor, BBC, 1 April 2015.

"The common method of treatment is to give a dose of salicylatcs, such as acetylsalicylic acid or one of the many other drugs, to relieve the pain. The patient is dismissed because he is well and the physician thinks that he has done a real job because he has relieved the patient's pain, but mean while the underlying

condition is going on." - Dr. Frank R. Ober, MD in "JAMA", 3 Nov. 1928.

Opioids

Opioids are Medical Trade Drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as Oxycodone, Hydrocodone, Codeine, Morphine, and others.

"I offer my solemn protest against the opium habit, that is and has been encouraged by many physicians to allay nervous excitement in the complicated cases that I have been trying to consider and delineate; to my mind, the various preparations of opium will look up the secretions, and excretions of the glandular system, and thereby impede the laws of health.

The healing powers of nature should not be interfered with, only by way of assisting nature in doing her perfect work." - Dr S. M. Carlton, MD, in "The Medical Brief", Vol.19, 1891.

"Very high doses of opiates can actually produce pain. So instead of making pain better, they actually make pain worse." - Dr Jane Ballantyne, MD in "Warning: This Drug May Kill You: Treating Pain", 2017.

"Behavioural, Physical Therapy, Spiritual Support for a person to re-navigate their life, and to take control over this sensation of pain. You have to take care of a complex problem with a complex solution, which is not gonna come in the form of a pill." - Dr David Tauben, MD in "Warning: This Drug May Kill You: Treating Pain", 2017.

On the Injurious Effects of Mineral Poisons

In The Practice of Medicine

"The great object of the present little work, consisting of different Essays, written at different times, is to banish the use of mineral poisons entirely, and vegetable poisons almost entirely, from the Practice of Physic, and if it shall be in the slightest degree instrumental towards accomplishing this object, I shall not consider it written in vain.

"Delenda est Carthago" should be the sole cry of every one interested in the public health until all the mineral poisons are expunged from our pharmacopoeias.

It is, indeed, rather a singular coincidence that these were introduced there chiefly by a man whom the medical world now delight to call a Quack, by Bombastes Paracelsus!, and I trust I have not chosen an inauspicious time to send this "little book from out my solitude", now that manganese is putting forth its claims to become legitimised and get inscribed by the side of its metallic brethren in the Pharmacopoeia; and perhaps I may also add gold, seeing that cases are collecting fast of the good effects of this in a disease which, if let alone, or nearly so, gets well of itself! I allude to syphilis.

While metallic poisons are permitted to remain in the Pharmacopoeia, no doubt medical examinations cannot be too severe, lest immediate death should follow their administration; but why do they remain there? Why make a mystery where there is none, and fill a volume where a few sheets of paper would suffice?

The quackery of physic, which Adam Smith properly considered existed also among regular practitioners themselves, consists in the attempt to make a science where there is none, and in the assumption of superior knowledge over the public at large on a point where nature permits not such superiority; for where all is chance, or next to it, surely the chances of all to hit on "a remedy" must be tolerably equal.

I repeat, gentlemen of the Colleges of Physicians, it is you that make examinations imperative, not the necessity of the case.

Nature ever works in a simple way, and will generally recover herself by abstinence, rest, a purgative, and change of air; but certainly not so easily after mineral poisons have been used, however skilfully applied.

I urge no objections to examinations in surgery, for here we have something ostensible and tangible to deal with, and we can see or ascertain by manual examination the injury or the disorder.

But in medicine, numbers of inscrutable causes such as peculiarity of constitution, temporary peculiarity of condition of the alimentary canal from nervous influence, or from the remains of solids or fluids not wholly assimilated, etc., constantly oppose our efforts at correct induction, and prevent the very same substances from acting in the same way on two different individuals.

In such case, then, how uncertain must be all so-called science! Surely, gentlemen of the colleges, if any extra argument were necessary to convince you of the nonentity of the science of physic, it would be the fact that you have derived most of your knowledge from empirics, from Paracelsus formerly, from Priestnitz and, I may add, Raspail in the present day; for both these innovators have made many converts among regularly educated physicians. Singular science, indeed, where empirics come at last to be the very teachers of the profession!

I have written plainly, gentlemen, because I believe you have only what you consider the interest of the public at heart in any article inserted in your Pharmacopoeia. I, therefore, make this appeal to you to reconsider the matter; for you must be fully aware of the complete uncertainty of medicine, and that it is just as much a conjectural art ("Ars Conjecturalis") now, as it was when Celsus wrote and called it so. Under such circumstances, surely that system is the best which permits itself to do the least harm. Such a system, then, is that which excludes the use of mineral poisons, What said the celebrated Dr. Frank in regard to ordinary medical practice?

"Thousands are slaughtered in the quiet sick room" (Weinholt's Lectures on Somnambulism, by Colquhoun, p.

18, preface). It is a distinguished physician himself who here speaks, and so forcibly brings to mind the passage of Tacitus, "Solitudinem faciunt; pacem appellant."

Since the discovery of the stomach-pump, the use of the mineral emetics-tartarized antimony, sulphats of copper and zinc, etc., even in cases of poisoning, is far less justifiable than formerly, when their greater strength might have been urged as a reason for employing them.

Now with ipecacuanha, warm water, and the stomach-pump, we have all that is necessary, even in the worst cases of poisoning.

If we want not then, now, mineral poisons even to cure poisoning, how monstrous to think we want them to cure diseases!

If things were but called by their right name, the present system of the College of Physicians might justly be called the poison-cure, an appellation terrific or absurd, as the different "imaginings" of people might make it.

But whether terrified or amused by such system, who would not prefer to it the water, cure and be ready to exclaim with the poet, though not a very poetical beverage, by the way.

I may, perhaps, here be excused for going a little out of my path; and if so, I should say that as legislative interference is never desirable, except when called for by the most absolute necessity of the case, I would not wish even to see a law framed for obliging medical men to discontinue the use of poisonous minerals in their prescriptions.

It is better to reform all this by national education; by teaching the elements of chemistry, of anatomy, and physiology, in our schools; and by making such knowledge necessary to the taking even of a bachelor of arts degree in universities.

I repeat, it seems better to have no law on the subject; but if we must come to law-making, I think it would be more for the interest of the population at large to have such a law in operation, than a law which obliged every person to resort only to a certain privileged class of practitioners: or I should say, if legislators will have this latter law, let them by all

means have the former as a salutary check on the power they have conferred.

Not only individual interests seem to require this, but even the country itself, which is dependent for its existence on the physical strength and good constitution of the population. And if asked why such are my opinions, I reply on account of the Complete Uncertainty of physic, and the bad effects of corporate bodies commonly, I will not say universally, on the progress of the sciences.

Who have most opposed all examination into the truth of mesmerism?

Undoubtedly legally qualified medical men. Who at this moment, while I write, have been receiving medals for their scientific discoveries to which they were not entitled?

Fellows of the Royal Society, bound together into a clique by ties of interested friendship, as the exposé of their proceedings just made by the Literary Gazette and other journals sufficiently shews.

The calm consideration of these unjust proceedings, and a firm conviction of the gross injustice of many writers, and the ignorance of others, have induced me to enumerate my humble labours on the title-page of the present work. When a discovery is of that practical importance that it brings its own pecuniary reward, a man may look more calmly on the clique that indirectly attempt to give its merit to another: not so in those discoveries which are not only attended with expense but also with great labour, and of which the almost only reward ever must be the inward consciousness to a man that he has added his mite to the amount of human knowledge! To compare small things with great: the people of Athens, in their reply to Pericles, rightly took the credit of what they themselves had done, and directed their name to be inscribed on the temples they themselves had reared." - Dr. Horatio Prater, MD, 1846.

An Epitome of the System of Luigi Cornaro

"Many eminent men, as Montaigne, Petrarch, Molière,

Voltaire, Rousseau, and others, have looked with contempt on the practice of physic, and one of them has not very inaptly said something to the effect that it is the art of putting drugs of which we know nothing, into the body of which we know less. Perhaps it often may not unaptly be called the art of attempting to cure the ill itself has caused. Certain it is the poor vital principle has often double work put on it by even the cura medici, setting aside the "nimia cura medici."

It is compelled to work to cure the disease, and also that unfortunately often still greater caused by the physic given for its cure.

Even our Gallic neighbours (though their line of practice generally is mild) are not altogether undeserving of this censure, for they are often careful to prohibit "poisson" as food, yet, at the same time, are giving "poison" for the cure of disease! to the same person. We need not look to the stars above for signs of the times, they are sufficiently indicated on the earth below.

Mesmerism, Homoeopathy, Hydropathy, &c., clearly enough shew that the public at large are participating, more or less, in the opinion of the illustrious mames above quoted.

But, alas! for poor human nature, its necessities or its infirmities are destined ever to trample on its spirit and its reason! Those who the most ridicule physic are often those the soonest compelled by their fears or their pains to resort to doctors for succour.

"When we're ill we call them to attend us
Without the least propensity to jeer."

There must and will then always, no doubt, be some form of physic. It is as necessary for the existence (generally speaking) of the body as religion is for the soul, and both of them, in some form or another, ever have and ever will exist, let Reason suggest or decide what she will; and the only question to determine in either case is, what is the best form of each. In physic this will be found no easy matter.

Men brought up in the old school must almost necessarily go to their grave in the practice of such principles, and probably we cannot blame them so much for this as we might at first sight conceive; since having seen diseases disappear under a certain line of treatment, they naturally enough have confidence in such treatment; and some often go farther, and have confidence only in such treatment.

Now on the principles laid down in this essay they are justified only in the first opinion when they have used no poisons in their practice, and consequently not relieved present ill by injuring the constitution, or by producing remote disease, and consequently disease of unknown and unsuspected origin. In the second opinion I need scarcely say they are never justified.

To correct the error above mentioned what is wanted now is, that students in medicine should be required to attend a Reformed Course of medical practice in Hydropathy, in which no drugs at all are used; the system laid down in this essay, in which no poisons are used; or homoeopathy, in which they are used in infinitesimal doses.

It is quite time that prescriptions with 6 or 8 different substances, one to promote perspiration, one to allay the tickling about the larynx in case of cough, one to diminish the heart's action, etc., were no more, for assurely new properties, totally different from: those supposed, generally arise from these heterogeneous combinations.

I say, then, that it is but fair that medical students should be required to know something of other systems than the prevailing one, in order to keep their mind free from the prejudices of the old school, which may be justly ranked among the “idols” of Bacon. I have myself, on seeing bleeding to a great extent apparently relieve an affection of the lungs in an old person, conceived that such was the proper plan to adopt in case of a recurrence of the malady.

But I was undoubtedly in error, for in a subsequent attack some months afterwards the symptoms all disappeared by a gentle system of purgation and regularity in diet, and the old person had not that long convalescence from debility attending the loss of blood, which was inevitable in the first

case.

Such debility may, indeed, almost be called a disease in itself. Now if I had never seen this last system tried, I should certainly have adopted the first a second time; but in doing so, I should certainly not have adopted a good system, though apparently so efficacious. In like manner, with regard to myself, when troubled with a slight diarrhoea, if it does not yield to rice for diet, and increasing the cutaneous action almost to sweating by exercise, I formerly used to resort to “the chalk mixture" in addition; but I have since found it yield equally well to pulp of tamarinds mixed with water, much used on the Continent, and not leaving that degree of constipation behind caused by chalk. I do not mean by this that chalk should be banished from the practice of physic, for it is admitted by the rules laid down in this essay, as it forms a large component part of the body.

My object above was only to illustrate the principle that the same diseases disappear under different, or opposite, systems. Diseases may, no doubt, be cured by much milder means than those too generally used, and it is our duty to try these, and not to think the plans of the old school are the correct ones because diseases yield, or appear to yield, to them. Reform in the practice of physic itself is wanted, and without this, reforms in charters will do no good whatever to the public.” - Dr. Horatio Prater MD, 1846.

The Only Mineral Substances We would employ in Medicine Are those which form part of the Body in its Healthy Condition

“Is it right, when attacked by vomiting or purging, to attempt to stop these or not? Or is it right even to favour such acts of Nature for apparently throwing off noxious substances or fluids from the system?

If the person is nearly in a state of health-in which case the instincts of Nature, as to what is hurtful to the constitution, may be depended on, the best way probably is,

rather to encourage than to check the attempt of Nature at expelling such substances from the system.

Thus, poisonous and hurtful substances generally tend first to produce vomiting or purging in the healthy subject. But when the vital principle seems by disease to lose some of the fineness of perception essential to its healthy action, then experience will often counsel us to check such actions, as continuing only by the force of habit on the constitution.

Thus it is well known that a woman who has had one miscarriage is apt to have another at her next confinement. In truth, habit seems to act on the vital principle, just as it does on the actions (dancing, instrumental music, &c.) under the domain of the will, to which the tendency becomes every time greater by repetition.

In such cases as these, Experience comes forward, and tells us at once that the instinct of Nature is no longer to be relied on, that she, Experience, has been purposely given by Nature to supply the place of instinct. But how does experience authorise us to stop such a vomiting or purging?

By the means the least injurious to the constitution.

By promoting the action of the skin by the cold-water or any other system. It is only a superficial experience an experience that regards not the future longevity of the subject, that could induce us to resort to the use of Poisonous drugs to stop the actions in question. Does not the use of such drugs, especially in large quantities, always leave, more or less, ill effects behind - always tend to shorten life more or less?

As no physician can say they do not, he is surely not authorised to use them. If direct poisons, then, should be excluded from the practice of medicine, what substance would it seem not unreasonable to admit into the Pharmacopoeia?

Surely the mineral substances that Nature herself makes use of cannot be deleterious. Let us then see what these are in the human body.

The principal are the following:

Carbonate of Lime.
Fluate of Lime.
Phosphate of Lime.
Carbonate of Magnesia.
Carbonate of Soda and probably Carbonate of Potass.
Muriate of Soda.
Sulphate of Soda.
Sulphate of Lime.
Oxyde of Iron.
Lactic Acid,or Acetic Acid.
Carbonic Acid: This, as a gas, is a well-known poison.
Sulphur Phosphorus: Existing in eggs and the albumen of blood.
Oxygen: Constituents of animal food.
Hydrogen: Constituents of animal food.
Nitrogen: Constituents of animal food.
Carbon: Constituents of animal food.

Most or all of these substances are found in our food, and it is because they are found there, and because they are found as component parts of the body, that they are mentioned.

Mercury (after having, no doubt, often much aggravated syphilis, and ruined the constitutions of thousands) has at last been found out to have no specific power over that complaint, or at all events not to be essentially necessary to its cure.

The unassisted powers of nature, aided by those necessary adjuncts in most diseases, abstinence and rest, have been found fully competent to eradicate this long-supposed, without mercury, incurable malady. And without denying the other famed specific, quinine, a power of stopping intermittent fever, we believe that complaint can be got rid of by other preferable means.

More especially does this remark apply to arsenic, which is not equal to quinine in efficacy, and never would have been used in intermittent fever at all, but from total thoughtlessness on the part of medical men as to the permanent injury such a powerful poison would leave

behind in the system. The use of this medicine in intermittent fevers was as unjustifiable as the use of nitrate of silver (lunar caustic) for the cure of epilepsy. Although there is a gentleman to be seen whose skin has been permanently and irretrievably discoloured by the use of this poison, so that looking more like a corpse than a living being, he is rendered unfit for general society, still, we believe that some medical men are still to be found who would not hesitate to give it, as they say, in small doses! as if, when even it leaves no such external dis-figuration behind, it does not leave an equally permanent internal, invisible, irremediable one, of its own creation!

Having attempted to lay down a general rule with regard to the use of mineral substances in medicine, it becomes us to state what restriction we would put on the use of vegetable substances.

As a general rule these are preferable to mineral substances not component parts of the body.

Thus, an emetic of ipecacuanha is preferable to tartar emetic, sulphate of zinc, or sulphate of copper, which three last ought certainly never to have been introduced into medicine at all; for what can have been a greater absurdity when vomiting can be produced by tickling the fauces, drinking hot water, or at all events, by a solution of common salt or ipecacuanha, to seek for other means of effecting the same end, and that too by, I had almost said, such murderous means as poisons!Although there is little reason to believe that vegetable medicines can produce such injurious effects on the constitution as mineral substances (not existing as a part of the system), still we shall be on the safest side to use as few of these as possible, which are not found capable of serving as food.

A purgative substance exists in spinach, a anodyne one in lettuce (extract of lactucarium); and so of some other vegetable substances. Vegetable medicines of this class then seem the surest; and there is little doubt if this extensive field is investigated we shall have many more useful discoveries in medicine, than by trying the virtues of such powerful poisons as strychnine, prussic acid, etc.

The rule which I should be inclined to lay down in this case would be, to exclude vegetable poisons (except, perhaps, in homoeopathic doses) from the practice of physic, but not other vegetable substances, as senna, &c., but only to prefer those which are derived from articles of food. The immense effect of habit on the constitution is shewn by persons gradually enabling themselves to take great quantities of some poisons, as opium for instance, with impunity. If they had attempted any change of this sort suddenly, they would inevitably have destroyed themselves.

There seem to be no such authentic records of persons having become enabled to take great quantities of mineral poisons with impunity, as of vegetable poisons; for the case of Mithridates is probably not sufficiently well attested for modern conclusions to be founded on.

Certainly, in the present state of our knowledge, no person has yet come to bear with apparent impunity (I say apparent, for no doubt in all these cases the vital principle suffers more or less) the same quantity of arsenic as of opium.

This is all in favour of vegetable poisons (as a general principle) being less injurious than mineral ones. Consisting for the most part, as they do, of the elements of the human body, we should naturally expect they might, in small quantities, gradually come to be decomposed, and be wholly assimilated to the animal textures; in which case they would not, like mineral poisons, leave a fixed metallic basis behind, which, as not existing originally in body, would still require to be ejected by the vital processes.

And here we may pause a moment to consider how truly wonderful it is that vegetable poisons, consisting as they do solely of the elements of the animal body, should yet be poisons.

We have already observed that the only mineral substances we would employ in medicine are those which form part of the body in its healthy condition; and we have also added in regard to proportions, and only in the proportion in which they exist in the body." - Dr. Horatio Prater MD, 1846.

A Candid Appeal to an Intelligent Community

"All men are in pursuit of happiness; but it is a lamentable fact, that many catch at the shadow, and never grasp the substance. Every man is, under Providence, the author of his own happiness or unhappiness.

We have been endowed, by the "Great First Cause," with facilities of mind, designed for noble purposes; and it is our indispensable duty to cultivate these facilities to the best advantage.

And so intimate is the connection between the mind and the body, that one cannot continue healthy whilst the other is seriously diseased; if the body be diseased, the mind is more or less affected.

Then, if it be a duty to promote and preserve the health of the body, in order to insure a sound mind, why is it that in thousands of instances disease is suffered to prey upon the human frame for many successive years. Is it because our great Creator, who is perfect in wisdom and goodness, has afflicted us with diseases, for which he has placed no remedy with in our reach?

No, verily; this would be inconsistent with the character of a wise and benevolent being. It is because we do not apply the best remedies which are placed before us?

Doubtless this is the source of the major portion of human suffering, so far as affliction of the body, and its attendant derangement of the mind, are concerned.

The common Materia Medica has been ransacked in vain, to find remedies for some of the most distressing maladies with which the human family has ever been afflicted.

The fact has been discovered, and the defect deeply deplored by many eminent writers in the Medical profession.

Again, the majority of those medicines on which the main dependence has long rested for the removal of disease, are acknowledged by many of those physicians who administer them, to be unsafe and deleterious to the constitutions of

those who use them; and this fact is abundantly proved by the numerous emaciated frames, distorted faces and ruined constitutions with which we almost daily meet.

Among the objectionable agents which have long been in use in medical practice, we would mention Mercury (Calomel), Opium, Arsenic, Tartar, Antinomy and Lancet. The first of these is considered the hero of the Medical schools — and a hero it is, for it has slain its thousands. How often do we hear it said, in plaintive tone, "I have never been well since I had that spell of fever, when I took so much calomel?"

How many setts of fine teeth have been destroyed by this pernicious mineral How often is it the case that disfigured faces, rendered thus by its corroding effects, in what is termed the "second stage of salivation," appeal in a voice of thunder, to the judgement of every intelligent being, to deprecate this abominable and deadly drug.

Admit that Calomel has done good; admit that it has often been the means of removing disease; yet an intelligent and suffering community, with minds unbiassed, are prepared to testify that its evil effects far outweigh the good; and if this be the case, it is a real evil and a curse to the human family, and should be eternally proscribed.

The stupefying effects of opium, the deadly qualities of arsenic, (which should never be used but to destroy rats), and the debilitating and dangerous tendency of tartar and antimony, would afford subjects for many remarks, beyond the limits of this short address; we shall therefore pass them by for the present, and make a few remarks on the use of the lancet, as an instrument for the removal of disease.

This practice has nothing to support it but custom, never have I heard or read one sound argument which would in the least go to prove that bleeding could in any degree promote health. I know that it is urged that, in case of local inflammation when mortification is apprehended, it is highly necessary to take blood. But this idea is as preposterous as the practice is absurd. Dr. Lobstein, one-of the Medical Faculty of Paris, late physician to the Military Hospital and Army of France, speaking on the subject of

blood-letting, says:

> *"Notwithstanding the direful consequences attendant on such practice, it continues to be the main pillar of the medical profession. Were bleeding and mercury totally prohibited, a great many physicians would find themselves in the inextricable mazes of a sad dilemma, their time easily disposed of."*

Dr. Abernethy says:

> *"It is owing to our ignorance that there is any necessity for instruments to cure disease."*

I am apprised that it is very difficult to overcome prejudices which have been long established; yet the long existence of any doctrine or practice, is no evidence of its correctness. That the prevailing practice of medicine is at war with the laws of nature, is a source of much human suffering, and is destructive to life, are facts of which thousands in our own State, and tens of thousands in other places have become fully convinced.

They have abandoned it as destructive to health and life. If other remedies which are not possessed of these pernicious qualities, and are more efficacious, can be presented, why not give them the preference?

That such remedies do exist, and are now in extensive use, can be proved by multitudes of living witnesses who have experienced their benign influence.]The Botanic system of Medical Practice, which originated with Dr. Samuel Thomson near 40 years ago, and which has not only spread over the United States, but has one to other nations across the Atlantic, is evidently one of the greatest temporal blessings ever bestowed on the human family.

Many respectable Physicians of the old school have abandoned the mineral practice, as unsafe and inefficient; and have, with open hands and hearts, embraced the Botanic System.

Dr. Montgomery, of Liberty Hill, S.C., formerly a

practitioner of the old plan, speaking of that practice, says, "it is similar to a blind man who, with club in hand, coming into a room where disease is raging, lays about him with all his might, and if happily he strikes disease, he kills it; but if he misses disease, he hits nature and kills her. In all cases of disease there is a greater or less tendency to death; and the object of every practitioner should be to counteract that tendency, by the exhibition of such remedies as act in unison with the laws of nature, and in opposition to disease.

The Botanic practice is admirably adapted to this purpose; it removes all organic and cutaneous obstructions; it soothes and calmes the nerves, invigorates the muscles, and excites a lively and healthy circulation of all the fluids of the body." - A. J. Holcombre, B.P. in "The Southern Botanical Journal, Devoted to the Dissemination and Support of the Thomsonian System of Medical Practice", Vol. I, 1838.

More Medication Means More Morbidity And More Death

"Medication can help people get a little better but they're still sick I needed to take the medication as their whole life to control their symptoms and they're not better and in many cases the medications act as a permission slip people can still use the same lifestyle that got them in trouble and they're inevitably constantly inevitable consequences their disease slowly advances the pathology gets worse and they become more diabetic and as you know and as people know people develop heart with a diabetes while they're being adequately treated they have tremendous morbidity and an enhanced earlier mortality, which means they have; eye problems, get blind, get kidney failure, get infections, get amputations, have heart disease, get an increased risk of cancer, and what a lot of people don't realize a tremendous increased risk of depression.

Because the high glucose damages the brain and increased risk of dementia. So we're talking about a constellation of features that damage the diabetic and the

medications allow the damage to continue, and to a degree that can consider them barbaric, because a lot of the medications cause weight gain, accelerate the ageing of the pancreas...

In the Accord study for example when the government randomized people to have more aggressive medical care with more appointments more intensive following of the glucose and better control with more Medications and from the physicians and Diabetologists and Diabetic Nurse Practitioners they compared to people with less tight control and less Medical care they stop the study.

Because the people getting more Intensive Medical care were dying younger and having more morbidity and more potential risk factors and more dangerous available the government the NIH had to stop the study because, more medication means more morbidity and more death, because medications are not the answer for diabetes we give them drugs which causes muscle gain weight in many cases and they can stay sick keep eating unhealthily keep gaining weight.

Until then were accelerating their demise and the horrors of diabetes it's so tragic because it's not just people dying younger, it's people suffering tremendously while they're living that's the saddest part.... if you have had kidney failure on dialysis or in a nursing home and can't move your body or you're blind or you have your legs amputated it's not a high quality of life.

And it's ever the more tragic when you consider that it's all needless and all these tragedies are unnecessary. And I feel if people knew the futility of Medical care how uneffective it is, even dangerous" - Dr Joel Fuhrman, MD in "iThrive! Rising from the Depths of Diabetes and Obesity" Docuseries, 2017.

"Drugs most of which are disagreeable, and many dangerous." - Dr. Symonds, MD in "The Lancet", Vol.39, 1842.

Drugs, Toxins & Kidneys

"The use of extracorporeal methods of enhancing toxins elimination has propelled nephrologists to the forefront of management of poisoning during the last 30 years.
The rationale for this is threefold:

First, drugs and toxins may affect the renal function directly or through their effects on renal hemodynamics leading to acute kidney injury.

Second, poisons may lead to serious clinical consequences such as acid-base and electrolyte abnormalities for which nephrologists are asked to manage.

Third, the realization that poisons can be cleared from the body either by the kidney or by the use of extracorporeal techniques; therefore, nephrologists are routinely consulted to help in the removal of the toxin from poison victims." - William L. Henrich, MD in "Principles and Practice of Dialysis", 2009.

> *"Most people are aware of the revolving door between industry and the federal regulatory agencies, it's very clear and the sort of most egregious example of that I can think is Julie Louise Gerberding who is a physician and was the head of the CDC Center for Disease Control this is a charge for the public health policy and establishing recommendations for vaccines well she was the head of the CDC, and moment she retired in 2009 she immediately went and was the head of the division of vaccines for Merck or the largest pharmaceutical company in drug med vaccination of the world, so that's just the most egregious classic example, there are literally hundreds and hundreds of other*

areas where you have bullying both ways from the government to industry or from the industry into government, so there's almost no difference. Now we have a system that essentially the large multinational corporations control the policy of the government in public health, and secondarily the media because most people also understand that if there's only 6 corporations that control 85% of the media, so they determine what you're hear, and what you know, so they're able to reinforce it with the media, they're respected healthcare professionals because the doctors are sort of like innocent bystanders. Some of them just don't have the courage to stand up to their peers and take the criticism and they know the truth but most don't because they're brainwashed, they've been spoon-fed this information, they just are too busy to independently investigate and analyze that the information and data, and make a truly objective decision in conclusion as to what the truth is, so as a result we have a really distorted perspective on what the truth is." - Dr Mercola, DO in "iThrive! Rising from the Depths of Diabetes and Obesity", Docuseries, 2017.

The Commercial Soul of The Medical Trade

"In the pharmaceutical industry there is above all money, power and influences. It seems that they have lost their medical soul and have been left with only their commercial soul."

"The difference between a medicine and a poison lies in the dose. What is the medicine that most people have killed? Aspirin, because it is the medicine that more people have taken and the perception of their risk is distorted. In Catalonia there are about 3,000 cases of gastrointestinal bleeding per year, of which 40% are attributable to aspirin and other anti-inflammatories. In the US they die every year due to gastrointestinal hemorrhage by anti-inflammatory

about 15,000 people.

Any disease can be caused by a drug: a myocardial infarction by an anti-inflammatory and by many other drugs.

Others cause depression. The European Medicines Agency estimates that 197,000 people die every year in Europe because of adverse effects.

In US the adverse effects are the 4th cause of death."- Dr Joan-Ramon Laporte, MD in "La Vanguardia", 24 Jan. 2011.

Dr Andrew Taylor Still, MD, DO on Medicine Drugs

"Let us call it "a trade," as the use of drugs is not a science." - in Philosophy of Osteopathy, 1899.

"Dr. John M. Neal, of Edinburgh, Scotland said that drugs were bait for fools; that the practice of medicine was no science, and the system of drugs was only a trade, followed by the doctor for the money that could be obtained by it from the ignorant sick. He believed that Nature was a law capable of vindicating its power to cure."

"Medicines are administered freely and frequently, but the lungs grow worse, cough more continued and much harder, till finally blood begins to come from the lungs and there is a wasting of strength. A change of climate is suggested and taken, but with no change for the better. Another and another travels to death on the same line.

Then the doctor in council reports "hereditary consumption," and with his decision all are satisfied, and each member of the family feels that a cold and cough means a coffin, because the doctor says the family has "hereditary consumption."

"The student of medicine goes forth with his diploma under his arm and begins a new life of guessing at cause and cures, with both eyes goggled by ignorance of the diseases

he meets. He blindly begins to experiment with the drugs of which he has no knowledge, so far as their effects are known in heart disease.

He is ordered and instructed by his preceptor to use calomel freely and frequently, morphine and digitalis with caution, venesection with caution, and so on, and to be patient with his patients; they may get well anyhow."

"Then he calls on medicine to carry the waste fluids to the bowels, bladder, and skin, with tonics to give strength, and stimulants to increase the action of the heart, in order to force local deposits to the general excretory system."

Medicine A Failure

"With my 50 years of experience in treating disease in its great multitude of forms, I feel that I am competent to speak of the weakness of drug medication theories and the drug medication training followed in the so-called "old schools of medicine." I was a disciple of the "old school" for many years and among its most faithful practitioners, until a better intelligence and a better understanding of God's provisions for the cure of human ills in the body mechanism itself led me to sever the ties that once held me blindly to drug medication.

Should an osteopathic doctor come in con-tact with a case of smallpox, with the rash just breaking out, would you recommend any medicines, palliatives in the drug line, in the treatment? I would not. His remedies would be confined to the nerves of the excretory system, which have proven to be all that is necessary.

Our success without drugs has been very satisfactory in all cases treated and reported. In all cases of smallpox that I met in my practice in the sixties and treated with medicine, I could give only temporary relief by opiates.

I then believed that there was danger in stopping the fluids in the system by sedatives. Diuretics alone seemed the best of all. Fermentation of fluids seemed to be the dangerous condition to be avoided by a doctor of medicine

or in any other system of relief. I often think that death comes from poison absorbed from diseased gases generated in the system." - in "Philosophy and Mechanical Principles of Osteopathy", 1902.

"I have thought it might be typical of the good horse-sense that led me to go to the fountain-head of knowledge and there learn the lesson that drugs are dangerous to the body, and the science of medicine just what some great physicians have declared it to be,-a humbug. I who had had some experience in alleviating pain found medicine a failure. I did not know how to reason on diseases, because all the authorities I had read or met in council could not get their eyes off the effects to turn them to the cause.

They met pain with anti-pain medicines, and bleeding of the bowels with astringents that closed the issues from which the blood came, following such remedies to death's door, and then lined up for another battle and defeat with the same old failing remedies, and opened fire all along the line on symptoms only. I wondered why doctors were so badly frightened when flux visited their own families if their remedies were to be trusted. See to it that your supply is of the right kind.

An Osteopath asks no favour of drugs. If you go to your patient accompanied by a physician and allow him to suggest various medicines, you have disgraced your diploma. In the days of slavery, when you colored people had simple plantation remedies such as horse-mint-tea, in cases of sickness you recovered. **Death was a rare visitor among your race.** Now you play the fool like your white brothers, take strong medicine and die like rats. **Proof of the thoughtless stupidity of man, who, by taking medicine, has converted the organs into lime producers.** A few doses of calomel, and out go the teeth." - in Autobiography of Andrew Taylor Still, 1908.

"The Antispasmodics as remedial measures, have had a fair trial. These drugs are good for awhile, but they do not give permanent relief; nor do they in any way reach the etiologic factor by

tending to remove or control the cause of epilepsy." - Dr Ernest Laplace, MD, Professor of Surgery, Medico-Chirurgical College, Philadephia, PA., in "Preliminary Report of the Treatment of Idiopathic Epilepsy by Appendicostomy for Colonic Irrigation", JAMA, 2 June 1906.

"When an abnormality appears then the doctor's counsel, advice and treatment are sought. He prescribes what he calls kidney medicines or remedies, with the hope that normality will follow a use of such drugs.

But in the course of time his patient reports no improvement, and in addition to the scanty or increased flow of urine there is blood and pus passed from the bladder with it. He stops the use of the medicines which he has prescribed without satisfactory results." - in "Osteopathy Research and Practice", 1910.

From the Womb to the Tomb

"It appears that we are being deliberately misled when it comes to medical issues. It is impossible that we can live in our bodies all of our lives and know so little about how it works.

We have been subject to ignorance and greed, mostly greed, for a long time by the medical community and now it seems they are up in arms against us: **determined that we should depend on deadly pills and potions from the womb to the tomb**." - Lynne Gordon

Absolutely Injurious In Their Effects

"As for a doctor to administer that for the body which would be an obstruction instead of a benefit. The practice of medicine at the present day is unfortunately a mere

deception; and many of the faculty, deceived themselves, propagate error.

The remedial agents of the schools, or drugs contained in the pharmacopoeia, amount to 410 ; and Dr. Leeson, in his work entitled "Heart and Lungs," makes use of the following observation: "Now, any practical man of 10 or 20 years' standing must have found that four hundred of these preparations are of little or no value whatever in the treatment of any form of disease, and that about the remaining ten might have assisted him in reducing, at one time or other, cases occurring in every department of his practice. Many of the mineral preparations are absolutely injurious in their effects under every circumstance, while the retention of other remedies is burlesque and nonsense."

If then as this author asserts, 400 of these so called remedies may be thrown aside it is very clear that they only afford a profit to the druggist. What an useless amount of labour then for a student to become thoroughly acquainted with such drugs which, as Thatcher declares, "it depends on the state of the stomach whether such medicines act or not!" - Albert Isaiah Coffin, MD in “Medical Botany a course of lectures delivered at Sussex Hall”, 1850.

Pilocarpine

“Stimulation by adequate doses of pilocarpin, therefore, may lead to salivation, sweating, flushing, moisture of the eyes and asthma, for the circular muscles of the bronchioles are also innervated by the vagus. Eppinger and Hess maintain that bronchial asthma is an example par excellence of heightened vagus tone, or vagotonia, but give only one case report to substantiate it. Barker and Sladen cite two cases of bronchial asthma which responded with flushing, sweating, etc. to small doses of pilocarpin and, therefore, they considered these to be vagotonics.

The most frequent finding was abnormally increased sensitiveness to pilocarpin. These cases frequently presented constitutional defects (status lymphaticus) and abnormal reactions described as characteristic of the condition called

vagotonia." - Dr Harry L. Alexander, MD, Dr Royce Paddock, MD in "Bronchial Asthma, Response to Pilocarpin and Epinephrin", Archives of Internal Medicine, February 1921.

"Prof. Carlo Besta, University of Messina, in the "Riforma Medica" 11 of June 1921. In the course of a series of investigations on the action of certain drugs in cases of lesions of the central nervous system, he experimented with injections of Pilocarpine in several patients with head injuries and observed results which apparently have not hitherto been described. In ascending frontal lesions, associated either with simple motor disturbance or with destruction or compression of the contiguous brain structure, there occurred within a few minutes after the injection of 2 centigrammes of pilocarpine hydrochloride, and simultaneously with the onset of sudoral and salivary hypersecretion, muscular tremors and spasms on the side of the body opposite to the cerebral injury, with increase in the tendon and bone reflexes.

These phenomena increased rapidly, reaching their maximum intensity in about 20 minutes; in one set of cases they were of a choreo-athetosic type, intermingled with jerking movements, in others, which were the more numerous, there was intense hypertonus with continuous tremor and rapid jerkings. In all cases the reflexes were exaggerated and the rigidity was sometimes so marked that the lower extremity remained in an attitude of extension when the limb was raised by placing the hand under the popliteal space." - in "The Action of Pilocarpine in Cases of Brain Lesion", Lancet 20 August 1921.

"Thirty years ago treatment by Pilocarpine was tried, but had only a short vogue as: **"The remedy was worse than the disease.**" - Dr James Adam, MA, MD, Surgeon for Diseases of Ear, Nose and Throat, Glasgow City Hospitals in "Bath Treatment for Deafness", British Medical Journal, 11 April 1931.

*"**Drug Action:** Pilocarpine acts by opening the inefficient drainage channels in the trabecular meshwork." - in "British National Formulary", No.70, 2015.*

The body has no "inefficient drainage channels" what the body may have is a drainage channel which is overwhelmed, by the quantity and quality of that which has to drain, the Lymph. So the problem is not in the drainage channels and in the way they are designed nor in the way and manner they work, but on the type of diet that is producing in consequence of the quantity and quality of lymph which is leading to the blockade of the lymphatic channels.

So instead of regulating the diet of the individual and recommend a change of diet, for a healthy diet, which in turn will lead to a more gentle metabolic waste as a result of the type and quality of diet consumed.

The Medical Trade instead advise the use of a Poisonous Drug that by its action upon the system forces the body system to expel the poison from its circulation in an attempt to preserve life, thus placing an extra burden in the Emunctory System, by increasing its overload and making it work twice and hard.

*"**Side Effects Common or very common:** Influenza-like symptoms, Abdominal Pain, Asthenia, Conjunctivitis, Constipation, Diarrhoea, Dizziness, Dyspepsia, Flushing, Headache, Hypertension, Increased Urinary frequency, Lacrimation, Nausea, Ocular pain, Palpitation, Pruritus, Rash, Rhinitis, Sweating, Visual disturbances, Vomiting." - in "British National Formulary", No.70, 2015.*

"Pilocarpine was isolated in 1874 by Hardy and Gerrard and has been used to treat glaucoma for more than 100 years. (W. Sneader in "Drug Discovery: A History", p.98, 2005, A. Rosin in "Pilocarpine. A miotic of choice in the

treatment of glaucoma has passed 110 years of use" 1991.

Oftalmologia (in Romanian), Holmstedt, B; Wassén, SH; Schultes, RE, in "Jaborandi: an interdisciplinary appraisal", Journal of Ethnopharmacology, January 1979). It is on the World Health Organization's List of Essential Medicines, the safest and most effective medicines needed in a health system. (World Health Organization model list of essential medicines: 21st list 2019, Geneva)." - in "Pilocarpine", Wikipedia, 2020.

Delayed Poisoning by Arsenobenzol Compounds

"Much interest and a good deal of alarm have been caused these last few years by the occurrence of a number of cases of fatal necrosis of the liver, after the administration of Salvarsan or its equivalents. One of the most curious points has been that symptoms of illness have frequently not come on till several weeks after the administration of the last dose of a course of treatment." - Dr A. G. R., MD in "Journal of Pathology and Bacteriology", 1921.

"From the earliest days in 1909 of the use of Ehrlich's salvarsan in human therapy by Alt and his co-workers, toxic effects have been recorded. The toxic effects produced by the intravenous or intra-musclar use of arsenobenzol and its derivatives manifest themselves in many ways.

Within the first 24 hours the toxic effects may give rise to temporary headaches and recurrent rigors, attacks of vomiting and diarrhoea, transient albuminuria, herpes, stomatitis and gastro-enteritis, transient skin eruptions either urticarial or erythematous in nature, coryza and conjunctival injection, and general cedema of the face and hands.

Delayed vaso-dilator reactions may come on during the first 24 hours also, while the condition of serous apoplexy, to which the name heemorrhagic encephalitis has been applied, gene-rally has its onset twenty-four to forty-eight hours subsequent to a second or third injection of

arsenobenzol or its derivatives.

Later Reactions: Malaise, general depression, loss of weight, stomatitis and gastro-intestinal disorders, albuminuria, and other signs of toxic actions on the kidney may come on at any time.

More serious complications are jaundice, aplastic anaemia and erythema leading on to exfoliative dermatitis. Of the conditions which arise within the first 24 hours, such as herpes, urticaria and albuminuria, none of them are of gross significance with the exception of serous apoplexy or cerebral toxaemia. This latter is a very severe and often fatal reaction. Serous apoplexy is remarkable in that it generally occurs within 24 to 48 hours after the second or third injection of the drug.

He urged that clinicians should think as much of bringing the patient's general health up to the highest level as of filling him up with salvarsan or its substitutes." - Dr David Lees, FRCS in "The Toxic Effects of Arsenobenzol Treatment and their Prevention", July 1925

The Downside of Drugs

"Drugs are toxic, and in detoxifying them, in the body's processing them, it's using up nutrients, these are nutrients that we need to make our brain work properly, so the crazy thing is that we're giving something that's actually interfering with what it's supposed to be doing. Depleting our B vitamins, zinc, magnesium, depleting everything that we need to make the brain work properly.

The selective serotonin reuptake inhibitors, actually accelerate the depletion of neurotransmitters, they don't make us have more serotonin, they make us have less. And what happens, is the medications cause a down regulation of the neurotransmitter receptors by 40% to 60%, also these drugs are very addictive, very very hard to discontinue and they change the brain." - Dr Hyla Cass, MD, in "Functional Forum Lecture", 2016.

Sleeping Drug causes Insomnia

During my travels in South America I came across someone taking Clonazepam, a prescription drug, one of the most used benzodiazepines, clonazepam is a sleeping remedy. For my surprise the leaflet stated that: The side-effects that can cause, are amount others: sleepiness and insomnia.

Sleeping Pill Side Effects

Although certain sleeping medications can cause unique side effects, general sleeping pill side effects include:

1. Dizziness or light headedness
2. Headache
3. Gastrointestinal problems (diarrhoea, nausea)
4. Prolonged drowsiness
5. Daytime memory and performance problems
6. Allergic reaction
7. Parasomnia (undesirable behaviours during sleep)
8. Withdrawals
9. Overdose
10. Death

- in "drugrehab.com/addiction/are-sleeping-pills-safe", 2020.

The Treatment of Insomnia

"The treatment of insomnia may be classified under: Hygienic, including Hydropathy, Dietetic. The successful treatment of any case may require any or all of these measures.

Under hygienic are included such items as the maintenance of bowel regularity; the avoidance of coffee, tea, and tobacco if the insomnia depends on their use,

providing a quiet bedroom with a moderate temperature and fresh air; exercise or a walk or drive for those who are too much indoors and who have need of relaxation before bedtime; the use of hot and cold water as the case may require; massage and electricity. A careful study of each case will dictate the measures to be employed. Aside from the insomnia of organic disease, a large number of our cases depend on a nervous instability or irritability on nervous exhaustion.

It is evident folly to feed a hysteric or a neurasthenic with bromides, chloral, and morphine; but the cruel folly is committed daily. My watchword is, "Avoid narcotics!" Place your reliance on rational general treatment, on Hydropathy, on Suggestive Therapeutics.

Many of these patients fail to sleep because of what may be termed an insomnophobia, the fear of sleeping, the mere overanxiety to get to sleep. Here it is necessary to gain the confidence of the patient, to explain the harmlessness of a moderate loss of sleep.

Rid his mind of fears, obsessions, and phobias; give assurance and reassurance. A warm bath at bed time will often secure a restful night. If drugs are deemed necessary, their suggestive action must be made use of to enhance and to prolong their effect.

But drugs are only palliative. They cannot cure. They should never be used for any length of time, and as it is especially difficult to prevent these patients from becoming drug habitues, it is usually wiser to dispense entirely with their use. Often a warm bath at bed time, with brisk friction and perhaps a cold cloth on the head, will do what many drugs have failed to accomplish. The cold bath and hot or cold applications to the head or the back have their indications, as has judicious electrical treatment. For those of sedentary habits who are troubled with cold feet, a hot foot bath will often induce sleep. It may be that a light and easily digested evening meal will make the difference between sleeplessness and refreshing slumber.

The insomnia of chronic parenchymatous nephritis is usually accompanied by headache, and depends on an

uremic or other intoxication of the nervous system, ll should, therefore, be attacked by eliminating the toxincs. Stimulate the Emunctories by using purgatives, diuretics, diaphoretics, hot packs, and by securing the ingestion of plenty of fluids." - Dr Arthur S. Risser, MD in "New York Medical Journal", 1 November 1913.

Poisoning From Over-the-counter Sleep Preparations

"Poisoning from over-the-counter (OTC) sleep preparations has been described frequently in the literature. For each of the OTC preparations, the least amount reported ingested to produce life-threatening symptoms for each preparation was 16 Sominex, 18 Nytol and 15 Sleepeze. However, the average number that produced those symptoms was approximately twice those amounts, ie, 39 Sominex, 40 Nytol and 17 Sleepeze. This correlates well with the reported toxicity from OTC sleep preparations.

As expected with these patients, anticholinergic symptoms were common. Lethargy was seen most frequently and in a larger percentage of patients than in reported ingestions of other anticholinergics such as Jimson weed or tricyclic antidepressants.

No deaths occurred in our study population. Arrhythmias, Convulsions, Coma, Hypertension and Hallucinations were the basis for the administration of physostigmine. A greater percentage of patients who reported multiple ingestions had these symptoms than those who reported single ingestions. Of the single ingestions, a greater percentage of those who took Sominex had these symptoms. In fact, all but one of the 18 patients who actually received physostigmine ingested Sominex or an equivalent drug marketed under another brand name.

Serious symptomatology, thus, appeared to occur more frequently following ingestions of agents comprised of scopolamine, methapyrilene and salicylamide." - Rebecca G. Hooper, in "Acute poisoning from over-the-counter sleep preparations", Journal of the American College of

Emergency Physicians, April 1979.

Hypothyroidism Drug causes Hyperthyroidism

"**What is Puran T4 for?**

This medicinal product is intended for: Replacement therapy or hormone (hormone) supplementation in patients with hypothyroidism.

Adverse reactions

1. Heart disorders:
- Palpitations (perception of heartbeat).
- Tachycardia (heart rate acceleration).
- Cardiac arrhythmias (heartbeat impaired) and angina pain (chest pain).

2. Skin and subcutaneous disorders:
- Rash, hives (rash on the skin, usually of allergic origin, which causes itching), sweating (excessive sweating).

3. Psychiatric Disorders:
- Insomnia (difficulty sleeping).

4. Nervousness:
- Excitability (agitation).

5. Musculoskeletal and connective tissue disorders:
- Muscle weakness, cramps and osteoporosis (bone weakness) in suppressive doses of levothyroxine, especially in postmenopausal women, especially when treated for a long time.

6. Vascular disorders:
- Hot flushes (sudden temporary sensation of heat), circulatory collapse (the heart and vessels are not able to

irrigate all tissues of the body with sufficient oxygen) in preterm low birth weight infants.

- Disorders of the reproductive system and breast

7. Gastrointestinal disorders:

- Diarrhoea and vomiting.
- Weight loss.

8. Nervous system disorders:

- Headache
- Tremors, intracranial hypertension (increased pressure within the skull characterized by headache, nausea, visual changes and tinnitus) benign particularly in children.

9. General disorders and administration site conditions:

- Heat intolerance, fever.

10. Endocrine Disorders:

Common

- Hyperthyroidism.

Note: Such effects usually disappear with reduced dosage or temporary withdrawal of treatment." - in "Puran T4", Patient Information Leaflet, IB270717, PIL approved by Anvisa (Brazilian Health Regulatory Agency, National Sanitary Surveillance Agency responsible for the regulation and approval of pharmaceutical drugs, sanitary standards and regulation of the food industry) in 06/09/2017.

Chapter 7

Antibiotics a Medical

Leitmotif

"Each year in the United States, at least 2 million people become infected with bacteria that are resistant to antibiotics and at least 23,000 people die as a direct result of these infections. Many more people die from other conditions that were complicated by an antibiotic-resistant infection." - Centers for Disease Control and Prevention, March 2018.

Antibiotics could be interfering with the microbiome and these changes may be passed down through generations and may cause disease.

It shows that:

"Antibiotic exposure in children has been associated with the risk of Inflammatory Bowel Disease. Antibiotic use in children or in their pregnant mother can affect how the intestinal microbiome develops, so we asked whether the transfer of an antibiotic-perturbed microbiota from mothers to their children could affect their risk of developing Inflammatory Bowel Disease.

Taken together, our findings indicate that antibiotic exposure shaping the maternal gut microbiota has effects that extend to the offspring, with both ecological and long-term disease consequences." - in "Journal Nature Microbiology", Intergenerational transfer of antibiotic-perturbed microbiota enhances colitis in susceptible mice, 27 November 2017

The Cure Is Worse Than The Disease

"Hippocrates, admonished his circle of medical students in one of his most pithy and precise aphorisms:

"Thy food shall be thy remedy"

No one, to date, has more eloquently given us a way of life. The medical profession insists it strives to emulate the Father of All Physicians and, indeed, is required, before licensing, to take the Hippocratic Oath, one of the most sublime declamations for lofty ethical standards ever penned. Yet today there are thousands of dedicated bacteriologists, pharmaceutical researchers and chemists sitting in gleaming white laboratories in every major city throughout the world, busily turning out synthetic, if highly touted, magic panaceas for every known ailment.

Their battle cry appears to be:

"Thy remedy shall be our newly invented remedy"

"More often", admits Furness Thompson, vice-president of a large drug laboratory, "failure is our most important product."

While it is true that no medicine is innocent, one cause of grave concern is the untoward reactions these sometimes dangerously potent drugs may cause-reactions which may extend far into the future. Patients storm doctors offices, begging for a "quick cure" with a "miracle drug" they've just read about in their newspapers, only to discover-in increasing numbers-side effects so serious that presently they have additional disorders in urgent need of treatment.

So the help they seek is often outweighed by the tragic damage to the body. One day a new drug is hailed with typical Hollywood fanfare, as a potential life saver; 6 months later it is silently withdrawn as a lethal weapon. Unhappily, anxiety-ridden Americans, following the warning voices of televised drug commercials and newspaper ads, consider health something that can be purchased in a bottle at the drugstore; they forget, or never knew, that health can be found only by obeying the clear-cut laws of nature. Examples are numerous.

Everyone recalls the dramatic headlines, following the too

careless use of the tranquilizer Thalidomide; more shocking was the tragic aftermath of armless and legless babies born to women who took the drug during the early months of pregnancy. And yet, why did so many women use Thalidomide? Why did many pregnant women offer it to friends who were expecting?

Because it brought relief from natural symptoms. When nature starts a pregnancy, she makes strenuous efforts to eliminate all the old accumulated toxic matter in the woman's body in order to have a cleaner chemical field for the gestation of the fetus. The womb suddenly is transformed from an organ through which vicarious elimination of toxins can take place into a non-menstruating organ which must act as a receptacle for the developing child. My studies have shown that to facilitate the cleansing process, the mother's body throws out a great deal of its background toxemia through the liver as an irritating bile.

As this is eliminated it causes all the side reactions which may be classified under the heading "toxemia of pregnancy": nausea, vomiting, fatigue, nervousness, indigestion, headache. How tragic that the penalty for numbing the distressing symptoms of early pregnancy should have resulted in such catastrophe! When a fad develops for a new drug, it can cause extensive damage; the tranquilizers and corticoids are prime examples. Experiments confirming the harmful effects of drugs, from slight to sinister, are legion. Yet public interest in new drugs just off the laboratory assembly line is so phenomenal that newspapers and magazines make them front-page news.

After amazing reports of an experimental "miracle" drug (written in a bang-bang! style) appear in a weekly news magazine, doctors may be certain that next morning patients will storm in demanding it. One bang-bang! drug is the celebrated penicillin. As everyone knows, penicillin is a most powerful and valuable agent for the treatment of staphyloccocal and other infections in man.

But given indiscriminately for fevers and infections of the respiratory tract, it may have allergic and toxic qualities which are highly dangerous.

Medical literature lists well over a hundred deaths following injections of penicillin.

For the relief or cure of these reactions pharmacologists have developed another drug. Here we have the classical example of one devil chasing out another!

All drugs which are introduced into the body are likely to have bad as well as good effects. Penicillin has no curative effects on the common cold. Yet untold millions of adults and children have been jabbed with useless shots of the drug while suffering from a cold.

The body then has two enemies to expel: the cold and the toxic drug. There is, in addition, the menace of adverse drug reaction, way beyond what meets the physician's eye, in damage to liver or eyes or kidneys or blood system.

There may be damage which does not show up until years later. Shouldn't the people rid themselves of the currently held misinformation that antibiotics are cure-alls?

Publius Syrus sagely observed:

"There are some remedies worse than the disease"

Do doctors take their own medicines? Happily, not too many do, even though a now rare synonym for doctor is "mediciner." Sir William Osler, one of the most brilliant physicians of recent times, became ill in Cannes at the turn of the century.

A local physician gave him a pill containing compound of mercury, then heralded as a magic cure for many illnesses.

Next morning, the pill was still on Osler's night table. "That was a peculiar pill", Osler remarked before he dropped it in the waste-basket. It was also used as a specific cure for syphilis, until it was discovered that many of the "late tertiaries" of that disease were really caused by mercury poisoning.

"The desire to take medicine is perhaps the greatest feature which distinguishes man from animals. The young physician

starts life with twenty drugs for each disease and the old physician ends life with one drug for twenty diseases" – Dr William Osler, FRS

I confess that I, too, as an eager medical school graduate (and for some years afterwards) stuffed my patients with pills, potions and panaceas before I, like Macbeth, decided to "Throw physic to the dogs; I'll none of it." And found that dogs-smart creatures they-merely sniffed at them and trotted away.

I returned to natural processes and came to discard drugs in favour of food as the best medicine, making a good many observations on the cause and cure of disease.

The greatest physicians have used the fewest and simplest of drugs, because they were fully aware of the role of nature in health; they knew that all the forces of nature in man, beast and the plant world are dedicated to obtaining and keeping a perfect state of health. They knew that many diseases are "selflimited," that is, they cure themselves whether you do anything or nothing for them.

We see this in Hippocrates basic precept that:

"Nature heals; the physician is only nature's assistant"

And when the Father of Clinical Medicine forsook potent and poisonous drugs in favour of the profoundly simple and sane belief in the healing power of nature, assisted by good food, fresh air, rest, recreation, sleep, change of climate and physiotherapy, he inaugurated the Golden Age of Greek medicine.

As I studied medical history, I became more and more convinced that drugs are not the path to restoration of health. What was it that made the reputation of Thomas Sydenham, the pioneer English physician of the seventeenth century? I tend to think it was a blend of common sense and genius which gained for him the title of the "English

Hippocrates" and which caused the revered Boerhaave of Leyden to uncover his bead whenever Sydenbam's name was mentioned. Boerhaave, himself, was no upstart. Once he received a letter from a doctor in China, merely addressed:

"To the most famous physician in Europe."

Sydenham used the simplest of remedies when he knew what was wrong with the patient; when he didn't know, be observed the patient closely and used no remedies at all. He dared to "order fresh air for small pox patients and riding on horseback for consumptives, in place of the smothering system and the noxious and often loathsome rubbish of the established schools."

Fresh air was a new therapy in Sydenham's day. And today a search for pure air, pure raw milk, pure water, natural, unprocessed, unpreserved foods, unsprayed vegetables, nourishing whole-grain bread is too simple, too unpretentious to be extolled as a "new" therapy in treating disease. Today, too, the physician is inclined to discount the natural wisdom of the body itself.

Instead, a growing number of physicians are more likely to get writers' cramp making out prescriptions for patients who are demanding them, the While forgetting the story of the physician who banded a prescription to a patient, saying: "Here, have this filled quickly, while it is still a remedy."

Away back in the year 1855 (drugs were even then the chief remedy for disease), the following notice was posted by the Massachusetts Medical Society: The Treasurer announced that be bad received the sum of one hundred dollars from a member of the Society for a prize ... on the following theme:

"We would regard every approach toward the rational and successful prevention and management of a disease, without the necessity of drugs, to be an advance in favour of humanity and scientific medicine." - Dr Henry G. Bieler, MD in “Food Is Your Best Medicine”.

Antibiotics As a Rule, Wreak Havoc with the Intestinal Ecology

"Dr. John Kellogg developed a method of changing the intestinal flora when it's not in balance: "In cases of intestinal obstruction, bacteria multiply greatly, with the proteolytic bacteria overgrowing all the others." - Sir William Arbuthnot Lane, FRS.

"The absence of germs (bacteria) is a risk factor for disease." - Dr Sarkis Mazmanian, Professor of Microbiology, California Institute of Technology in "Interconnected", 2018.

Proper Intestinal Flora Balance

"Our mode of living in this modern society tends to thwart any attempt to gain or maintain the proper intestinal flora, one of the requirements for a truly healthy gut. Intestinal flora, are the microorganisms that live in the bowel. There is a great variety of these microscopic life forms, and they play a very important role in health and disease. It is generally accepted that, in contrast to some animals, humans cannot digest cellulose (fiber) even though some of the bacteria present in the human digestive tract are capable of digesting minute amounts of this material. Other types of bacteria in the bowel play roles in the formation of vitamins B1 (thiamine), B2 (riboflavin), B12, and K.

The bacterial formation of vitamin K is especially important because food usually does not supply enough of this vitamin to maintain adequate coagulation of the blood. Other bacteria are beneficial because they help to keep the floral balance and thereby prevent various strains of coliform bacteria from overtaking the colon, which would cause fermentation and the formation of noxious bowel gas. Where health and vitality are found, friendly and beneficial microbes invariably exist. Likewise, where decay and dysfunction are found, the microorganisms associated with

disease are present.

There is no aspect of earthly life in which some variety of bacteria does not play an important role. Bacteria are everywhere.

We live in an ocean of them. All life on this planet is affected by their presence. The bacteria associated with disease, as well as those associated with health, work unceasingly via complex chemical reactions to bring about change. The bacteria beneficial to humans hold the disease-producing organisms in check only if they are present in sufficient numbers. In the human colon alone, there are approximately four hundred to five hundred varieties of bacteria, fungi, yeast, and viruses.

The specific varieties found in the center of the colon vary from those in the mucous lining, which are different from those that inhabit the right side of bowel, which are different from those that inhabit the left side of the bowel. Researchers have found evidence indicating that the mucus secreted by the intestine determines the kind of bacteria that will thrive there. In addition, they have found that it takes more than a year on average for a new diet alone to produce any noticeable change in the flora. Diet alone is too slow as a means of reinstating the necessary population of friendly bacteria.

When the body becomes polluted with toxic substances, the forces that maintain health and vitality diminish in proportion to the extent of the invasion. As they diminish, the disease-producing substances flourish. Such is the case with intestinal flora.

Of all the things that alter the flora in the colon, medications are the most powerful. Broad spectrum antibiotics are the worst of these offenders.

The word "antibiotic" is formed from the Greek words anti, meaning "against," and bios, meaning "life." Antibiotics are "against life." They are substances, natural or synthetic, that inhibit the growth of or destroy microorganisms. The killing-off of friendly bacteria by antibiotics can cause inflammation of the intestinal wall and overgrowth of yeast organisms.

Antibiotics, as a rule, wreak havoc with the intestinal ecology and should, if at all possible, be avoided. An additional problem is that the overuse of antibiotics has led to the natural development of highly resistant strains of bacteria that can be combated only with ever-larger doses of antibiotics. In fact, some organisms have become totally resistant. Many medications besides antibiotics also destroy friendly bacteria.

The promiscuous use of over-the-counter nostrums such as antacids, pain killers, and other symptom-suppressing medications also has a detrimental effect on the lactobacillus bacteria in the bowel. When the floral balance in the intestinal tract is upset, it is very difficult for the person to return to optimal health. Bowel transit time, for instance, must return to normal, and bowel infections must be reduced. The correct bacterial balance for a healthy bowel is about 85% friendly lactobacillus bacteria and 15% unfriendly bacteria such as Bacillus coli. In order to keep this balance, we must not do anything to destroy the friendly bacteria.

We can build them up with food, of course, and with the proper nutrients, but this takes time. Some foods inhibit the friendly bacteria in the colon more than others. Cooked food, processed food, coffee, and alcohol all destroy friendly bacteria. The resulting floral imbalance makes it difficult to keep the bowel as clean as it should be.

Long-term floral imbalance is a major reason so many people need bowel detoxification these days.

Ideally, we should never reach the point where our intestinal flora is unbalanced or we will need to go through a detoxification program.

Parents should teach their children bowel hygiene when they are young. How to take care of the elimination system should be common knowledge and included in health or hygiene courses in school.

The practices and processes that contribute to degeneration should be avoided, and persons who promote such abuses should be re-educated." - Dr. Bernard Jensen's,

DC in "Guide to Better Bowel Care", 1999.

Chapter 8

Erroneous Notions

On Drugs

"He's the best physician that knows the worthlessness of most medicines." - Benjamin Franklin

"We are passing through the dark ages of medical science, but the reformation is dawning, and the days of drug medication are numbered. The people will soon know better than to think when sick it is necessary to take something nasty in order to get well, and instead of asking, "What must I take to cure me," will ask more in accord with exact science, "What shall I do to get well?" - Jas. W. Wilson, in "The New Hygiene", 1893.

"Since the days of Aesculapius, the delusion has flourished that man must swallow medicine to rid himself of disease." - Dr A. T. Still, MD, DO in "Autobiography", 1897.

"I was well, wished to be better, read medical books, took medicine and died." - A well known Italian Epitaph.

"The commonly prescribed drug therapies do not treat an underlying cause of disease. If you don't know what the underlying cause of an illness is, then how can you implement a treatment regimen?" - Dr. David Brownstein, MD.

"Pharmacotherapy can Assuage Symptoms but can't alter Pathophysiology." - Dr Aseem Malhotra, MD in "British Medical Journal", 26 Oct. 2013.

"By accepting a pill, they are not dealing with the root cause of their health problems." - Dr Aseem Malhotra, MD, in "Sun", 7 Nov. 2018.

"The erroneous notion that disease is, to a very great extent, if not altogether, under the control of drugs, and may be cured by them, has caused immense mischief to the human race. It has made the system a receptacle for poisons of all kinds, and has, in all probability, originated a great portion of the diseases now existing. But what is worse, it prevents safer and more effective means of cure from being tried.

No treatment can be of use, in the opinion of some persons, unless it includes the giving of medicines; and hence medical men are often obliged to give them, though against their better judgment. It is highly desirable, however, that this erroneous notion should be removed; and one object of this work is to show the fallacies now entertained respecting medical (or drug) treatment, and to give the real opinions of practitioners themselves as to its value.

Another object is to show that there are curative agents more powerful than drugs, and which at the same time are incapable of injury.

When the nature of these new agents is understood, and when old errors are removed, the practice of medicine will be a very different thing from what it has ever been yet. People will not be made worse or killed, by vain and unauthorized attempts at curing them; nor imposed upon by a pretended system of treatment. The power that really cures will be known, and it will be seen that the physician, even when right, merely assists nature, and can do that only in a few cases. But what is of far greater consequence, it will be seen that the cure of disease must always be doubtful, and that our proper course is to devise means for preventing it. The use of galvanism, electricity, magnetism, and other neuropathic agents in the cure of disease, is of recent date, and the philosophy of their action is but little understood. It has, therefore, been fully treated upon in the present work, so that an estimate may be formed of their value, and a comparison made between them and the agents most usually relied upon.

It is my belief, confirmed by extensive experience, that these mysterious powers, when rightly used, are the most

efficient, and the safest agents we can employ in the cure of disease, and that they will eventually supersede the use of drugs to a great extent, if not altogether. I am now making the grand experiment of treating nearly all diseases without medicines of any kind, and though I occasionally resort to them in some few cases, yet still I find that they can be dispensed with to a great extent, and I hope will be, eventually, still more.

The benefit to the whole race from this important change, will be greater than the mind can well conceive, and it becomes the imperative duty of every friend of humanity to earnestly strive for its accomplishment. To the favoured ones who have the lamp of science already burning brightly in their path, it may not be needed, but to those who are yet groping in the darkness of ignorance, it may give the first gleams of that holy light which will eventually lead them to primary truth, and show them the real source of all human power. - Dr. Frederick Hollick, MD in "Neuropathy or The true principles of the art of healing the sick", 1847.

Synthetic Pharmacological mass-produced drugs are poison to the system, anything that hiders health is not medicinal. Drugs don't cure any disease, instead they help create new ones.

"Most patients will derive no health improvement from medication. We should tackle the root causes of disease instead". - Dr A. Malhotra MD, 2018.

Diseases Don't Just Happen!

"You have a medical problem you go to your doctor you tell your doctor your symptoms, the doctor will probably examine you and do some laboratory tests and make a diagnosis. It may be something serious like multiple sclerosis or lupus, or maybe even cancer and you're shocked you say doctor how can this be how did I get this. And the doctor will more than likely respond we don't know these

things just happen! But diseases don't just happen every disease actually has a cause even though we doctors are taught in our medical training that virtually 80% of all diseases have no known cause. Let me give you a simple illustration if you have a headache you take an aspirin but our headaches caused by a deficiency of aspirin of course not headaches are caused by too much tension and too much stress and not drinking enough water or eating the wrong food or some other cause. So why do we take an aspirin because we want a quick fix, we don't want to deal with the underlying cause of the problem we just want to take a pill and get on with our life. But if we don't deal with the underlying cause that underlying cause can end up causing a worse disease much later." - Dr Lorraine Day, MD in "Diseases Don't Just Happen!"

The True Role of Drugs in the Management of Tuberculosis

"Tuberculosis is curable, or rather, if we may use the word, it is recoverable. It is never cured by the physician, but by the patient himself; that IS to say, by the natural powers of recovery. These, however, may be, and usually need to be, stimulated, assisted and directed by wise medical guidance. Under favourable surroundings at least three-fourths of those affected with pulmonary tuberculosis should recover. Many recover spontaneously, even under unfavourable conditions.

Secondary Role of Drugs

In the physician's management of consumptives - that is to say, of persons affected with pulmonary tuberculosis - drugs play a useful, but a secondary part. The principal means of treatment for the relief or recovery of these patients are included under the general term of hygienic measures; that is to say, life in the open air, with abundance of sunlight; properly selected diet and clothing; the use of

water freely, both internally and externally; rest and exercise, prescribed carefully and definitely, according to the stage of the disease and the general characteristics of the patient; the use of air at modified pressures, and the like. These bring about a physiologic reinforcement of the patient's recuperative energy, and this conquers the disease." - Dr Solomon Solis-Cohen, MD, 1901.

The Application of Modern Ideas to Infantile Therapeutics

"As to drugs, the last English writer on children's diseases, Dr. Hillier, speaks in a manner so decisive, that I must give the passage. "In the vast majority of cases of typhoid fever in children, drugs are scarcely needed. The points to be attended to are: to keep the patient in bed in a well ventilated room, to attend scrupulously to the removal of all discharges, to bathing the skin once or twice daily with tepid water, and to a frequent changing of the bed and body linen. Diet is also of supreme importance; it must be light, fluid or pultaceous, and nutritious. Milk and beef-tea should form the chief articles of nourishment." - Dr T. P. Heslop, MD, in "The British Medical Journal", 23 Jan. 1869.

The Common Treatment

"In the treatment of migraine, almost as many drugs have been used as equal the number of physicians who have treated the disorder. The principal drugs used are in the main motor depressants or cardiac stimulants. These have been used separately and in combination, often without any very definite therapeutic purpose, hoping only for relief from immediate conditions. When all else fails morphin will quiet the irritated sensory nerves. Attacks are sometimes aborted, or their intensity lessened, by vigorous acceleration of the blood current during the prodromes. The good thus accomplished doubtless comes from the more frequent contact of venous blood with radiating tissues.

Treatment Favoured by the the Author

Seeing good results from such treatment led me to believe that diuretics, diaphoretics and hydragogues would materially assist in the eliminative process. We have many well-known drugs that act promptly through these several avenues, but in each case their efficiency is greatly enhanced by water as a diluent. From the inception to the conclusion of a migrainous attack, digestion is practically suspended. This condition certainly demands the withholding of nutrients with immediate dilution and elimination of the gastric and intestinal contents. Consent is much more readily obtained for emptying the lower bowel with an enema, followed immediately by high irrigation with large quantities of hot normal salt solution. This, with small but oft-repeated draughts of hot water by the mouth, continued from 6 to 12 hours, has given better results in my treatment of migraine than any purely drug medication. Between the attacks, daily and copious drinking of water will do more to lessen the severity, if not prevent recurring paroxysms, than any or all drugs with only a minimum amount of water ingested. We must also teach them how to eat and warn them against abuse of their already defective nervous system." - Dr J. M. Aikin, MD, Lecturer and Clinical Instructor in the Medical Department, Nebraska State University, in "Etiology and Treatment of Migraine", JAMA, 30 August 1902.

Chapter 9

Quackery

"The first mention of quacks in English literature appeared in Schoole of Abuse, printed in 1579, which referred to "a quacksalver's budget of filthy receites". Its derivation may be from the Dutch kwakSalver, meaning hawker of Salves, or the German quacksalber for quicksilver or mercury, a treatment for syphilis - one of the specialties of the quack doctor. Quacks such as the "horse mountebanks" were often itinerant salesmen - proclaiming from the saddle and selling their wares with much fanfare, quickly moving on before their dubious pills, powders and cordials were discovered to be useless." - Mary Dobson in "The Story of Medicine".

It seems that the only thing that has changed is that in our days Quacks don't need to mount in their horses and run away, the Medical Trade is protected by Government Laws which they themselves drafted, and their licenses are clearly, to be seen that also covers life and death.

Medicine

"I consider the whole scheme of poisoning patients by internal medicine, latterly so decidedly on the increase, as one, if not the chief, cause that thoroughly healthy persons are now hardly to be found — that chronic diseases are multiplying with fearful rapidity."

"Open Sores without External Injuries - Wounds received in war, or in some other way by external injury, bear an honourable character and can be healed as quickly as they came. It is otherwise with those open sores which, continually suppurating and disgusting in smell, invade all members and parts of the body, and are nothing less than

putrifaction going on by inches, whether the wounds are, according to the diagnosis of school medicine, of a cancerous, tuberculous, syphilitic, or other nature. Hitherto they have been incurable as far as allopathy was concerned and will continue so for ever, exactly like mental diseases and other final stages of disease.

Even though allopathy may succeed in arresting the process of decomposition of the body in such sores by means of powerful medicaments, or in bringing about another stage by thus forcing back into the body the foreign matter working its way out by fermentation, the condition is only rendered worse thereby, and at the next opportunity the sore breaks out anew in another place. Such sores frequently have not the painful character of other injuries, but everyone knows that their appearance is due to a more deeply seated chronic disease (a heavy encumbrance of the system with foreign matter), which drags on for years until death, or often requires years for a complete cure, if this be possible at all. These sores have become a scourge to man, a scourge and a plain-spoken witness to his systematic opposition to our all-wise mother Nature in his daily actions and mode of life.

Now, if we inquire the cause of such sores, the only answer will be, that they arose simply from the encumbrance of the system with foreign matter, but are invariably an advanced stage of earlier and different stages of disease. In many cases these final stages have been brought about by the pestilent inoculation with so-called medicinal remedies, which are always vile poisons for the system, and which have been employed in earlier years to suppress some other disease. Such diseases, against which all medicaments are powerless, are the necessary consequence of such unnatural regulations as the vaccination for small-pox, and of the employment of all other poisonous remedies supposed to effect cures.

Through such remedies, regarding whose abiding-place in, and real effect on, the system the learned profession is still much in the dark, the germs are laid years beforehand of such an extreme poisonous permeation of the system as

these open sores indicate.

It is, in particular, the so-called protective vaccination for the small-pox which operates to poison the whole human race, and the effects of which often appear only from 20 to 40 years later, for which reason they have quite escaped the notice of the modern school."

"The most unobservant spectator must be struck by the circumstance, that modern medicinal science is continually seeking after bran-new medicaments, disinfectants, and antiseptica, each more powerful and poisonous than the last.

The natural reason for this is, that at the first occurrence of a disease (sanitary crisis) for instance, the vital powers of the system could be so diminished by antifebrin or some such thing, as to become incapable of carrying out the sanitary crisis (the disease in question) in the system." - Louis Kuhne in "The New Science of Healing", 1892.

A Quack

"Mercury is called quicksilver in this country (USA) and quacksalver in some European countries. A quack is one who pretends to cure disease and a salve is a substance for application to wounds or sores. The derogatory term quack was first used in reference to anyone hasking useless salves, including mercury preparations on the skin to cure diseases.

When the skin lesions of syphilis were treated with mercury salves, the skin eruptions would disappear, resulting in the deep penetration of the dreaded disease to the organs and nervous system, resulting in a painful death.

What an irony it is, therefore, that the American Dental Association has pronounced that dentists who remove or even recommend the removal of amalgam fillings are quacks. This is a good place to remind ourselves of the Hippocratic Oath in which the physician commits himself irrevocably to serving his patient to the best of his knowledge and ability.

I, therefore, take the uncompromising position that a dentist who hides behind the dictates of the American Dental Association is shirking his responsibility to his

clients/patients if he knows how toxic mercury is. If he does not know how toxic mercury is, as a professional, it is his responsibility to investigate the matter." - Dr Thomas Dorman MD, September 1996.

On Medical Quackery

"I abhor and condemn by principle the secrecy with remedies, and I fully agree with those who brand and condemn it as a sham and quackery."- Kneipp in "My water-cure, tested for more than 35 years and described for the healing of diseases and the preservation of health."

"We are asking the public to believe in what we do not believe in ourselves. We are asking them to take medicines we will not take and to submit to operations which we will not permit on ourselves." - E. G. Jones, MD

"A pretender is a quack. His unwillingness to investigate any other system, except as indicated by his 'orthodox' cohorts and other than that with which he is familiar, or to investigate the defects of his own methods, stamps him as prejudiced in mind and, therefore, unworthy the respect and confidence of thoughtful and fair minded people." - Alfred Walton, MD

"If Webster's definition of the quack in any way fits any drugless doctor, you will have to 'show me', for they distinctly make the fact known that they do not use drugs, nor do they practice medicine." - Walter Turner, MD
"The chief cause of so-called quackery outside the medical profession is the real quackery in the profession." - James A. Smith, MD

"If 90% of our patients would recover anyhow without any

medication or in spite of our improper treatments, are we not quacks to the extent of ninety percent?" - Richard Cabot, MD

"Medicine is a humbug! I know it is called a science, but it it nothing like science. We are ignorant, as ignorant as men can be. I know nothing about medicine, and I don't know anybody in the world who does know anything about it." - Frances Megendie, MD

In 1940 a lecture on medical quackery to the University of Chicago, Morris Fishbein, MD, stated his 3 criteria for quack medicine:

1. Having Unproven Remedies,
2. Being Highly Expensive, and
3. Being Widely Publicized.

It is the Most Consummate Quackery to Prescribe Medicine to Cure a Disease, While the Cause that Produced It is Not Abandoned

"Among the common people, the wide distinction between Prevention and Cure has not been generally recognized. They are apt to think that all books, relating to the laws of life and health, must of course be treatises on diseases and cures by drugs. They regard Core infinitely more important than Prevention.

As a general rule, they more highly value a physician who, instead of warning them against the evils of violated law, will let them go on unmolested till they have ruined themselves, and then will be on hand to drug them thoroughly, even unto death, than they will that man who has the moral courage, in the cause of humanity, to peril his reputation to prevent them from encountering needless suffering and an early grave.

They want their false appetites and ruinous indulgences to be let alone; and, when health is gone as a consequence, they want a doctor, or doctor book, to prescribe drugs which promise to restore health, in spite of their continuing the indulgence which caused it.

Or, if they set aside the cause for a short space, they want to be so thoroughly drugged that Nature may never dare make such another outcry, so that they may return to their sins with hopeful impunity.

At all events, they consider health a secondary matter, a matter comparatively of small importance until it is ruined, and then mourn over their pains and sufferings, when it is too late to make amends.

They practically consider the old proverb to be obsolete:

"An ounce of prevention is worth more than a pound of cure."

They go on with their unnatural indulgences, undermining their physical vitality, until Nature, unable to bear abuse any longer, gives signs of woe; then they resort, perhaps, to cures which only cure by death.

The first step toward the cure of diseases is effected by: Removing the Causes. Unless the original cause of any given disease be removed, there is no successful way of obtaining a permanent cure; and by the removal of the original cause, perhaps in more than nine cases out of ten,

Nature will remove the difficulty without the aid of any kind of medicine. It is the most consummate quackery to prescribe medicine to cure a disease, while the cause that produced it is not abandoned. If a liver complaint, or kidney complaint, or any other glandular derangement shall occur, which has been, produced by any narcotic or stimulant, it is an outrage on all common sense, as well as science, to prescribe remedies while indulgence in these false luxuries is continued.

They must lie abandoned, or health given up; and it is folly to inquire which should be relinquished, for they are all hurtful, and should be rejected.

Nature always goes for health; and so zealous is she in her undertakings, and so certain of the best possible issue, that we may rest assured that on her part no pains will be spared, and on our part no risk is run.

As before remarked, probably in 9 cases out of 10 of all the diseases in the world, especially those of chronic form, when the primary cause is removed, Nature requires no help from medicinal agents, and will perform her work of cure better without than with them.

Where medicines are not really needed, they do harm instead of good; for all medicinal agents are unnatural to the laws of healthy life.

The Prescribing of Medicine to Cure a Disease

The prescribing of medicine to cure a disease which is the product of an unnatural habit unrelinquished, is of all kinds of quackery in the world the most enormous and inexcusable. More than 19/20, probably, of all the diseases of which complaint is made, are created, directly or indirectly, by the people who suffer from them; and, as a general rule, if they will cease creating the disturbance, Nature will recover herself better without medicines than with them.

A portion of their diseases they create directly, by interference with natural law, without any other agency. Another portion of diseases are created indirectly. If we take such a natural course of habitual living as to secure a

healthy and even-balanced circulation of the blood.

Hence we can see, if those who are suffering ill health will read and inform themselves on the natural laws of healthy life, and cease violating them altogether, Nature will generally perform a cure. If we create a majority of all our diseases by intemperate habits, we certainly can quit those habits and let the system recover itself.

Seeking for remedies short of this, is the very worst of folly. It is spending time and money to no purpose, and wasting the vital energies by medicines which, when they cannot effect good, are only increasing disease and hastening premature death.

Or, if we tell them at the bedside, that all they really need is abstinence from disobedience to some law of health, that they do not need drugs, they will think us ignoramuses, and probably send for some doctor, so destitute of skill or of honesty, that he will abundantly gratify them with medicines. The efforts of an honest man they cannot appreciate; but the man who will furnish them with a doctor book, promising to show them how to cure themselves with medicines, the man who will really humbug for money, they will regard as a benefactor to the race. The man who will make a display of powders and drops, which are only preparing them to drop into the grave, is at once reckoned one of the most skilful doctors of the age.

He is obtaining money under false pretences, and even bartering the life that has been entrusted to his hands, for paltry gain. Nay: he is worse than a highway robber and murderer.

He meets you not in the bold, frank attitude of his real character, as does the highwayman, letting you understand at once your danger and need of preparation for defence, but comes to you in the meanest hypocrisy; pretending to be devoted to the cause of humanity and the relief of human suffering, while he is willing to let you go on in your course of self-destruction; and then, instead of seeking to show you wherein you have departed from Nature's path, and turn you back into it again, will deal out needless drugs, for money and a reputation, which push you into the grave.

Considering the ignorance of the people and their fondness for drugs, the increased indifference of the people toward the laws of health because there arc plenty of doctors and medicines at hand, it is pretty safe to conclude, setting aside the benefits of skilful surgery, that the standard of health and longevity would be far above its present position, if no medicines had ever been known in the land, and not a physician had ever set foot upon its soil.

The existence of medicines and physicians will probably continue to do more harm than good, until the friends of humanity will take more interest in diffusing among the people a knowledge of the laws of the human system which relate to practical life, and the people themselves shall wake up to their own highest earthly interests in this matter, and those of their rising posterity." - Dr Larkin Baker Coles, MD, in "Philosophy of Health: Natural Principles of Health and Cure: Or, Health and Cure Without Drugs", 1851.

"Can you doubt the true reason that Physio is suspected of treachery to the patient, and, therefore, by many feared and avoided, and charged with the deaths at almost all the funerals ? The Physician may, indeed, be the author of your ruin, but he is moved by another's hand. He is under the force and necessity of obeying the orders and commands of those whom your folly has made his superiors; who cannot live if they suffer any instances of recovery without many doses. "The Apothecary having the power in the family, has the liberty of naming what Physician he pleases; and, therefore, never fails to introduce one that will countenance his practice, and make large prescriptions. The young Physician, when he comes from the University, is quickly

informed of this, and that he cannot hope to rise but through the Apothecary's recommendation; which, therefore, obliges him to follow the mode, and, consequently, hinders any reformation. The Roman senators expelled the Greek physicians for the same crimes which are here practised." - in "Crafts and Frauds of Physic Exposed", London, 1703.

Astroturf

"Consider this Fictitious example that's inspired by real life: say you're watching the news, and you see a story about a new study on the cholesterol-lowering drug called cholextra. The study says cholextra is so effective that doctors should consider prescribing it to adults and even children who don't yet have high cholesterol.

Is it too good to be true?

You do a Google search, you consult social media.

You look at Wikipedia, WebMD, a non-profit website, and you read the original study in a peer-reviewed published medical journal.

It all confirms how effective cholextra is. You do run across a few negative comments and a potential link to cancer, but you dismiss that, because medical experts call the cancer link a myth and say that those who think there is a link there are quacks, cranks, and nuts.

Finally, you learn that your own doctor recently attended a medical seminar. The lecture that he attended confirmed how effective cholextra is, so he sends you off with some free samples and a prescription. You've really done your homework.

But what if all isn't as it seems?

What if the reality you found was false; a carefully-constructed narrative by unseen special interests designed to manipulate your opinion? Complacency in the news media combined with incredibly powerful propaganda and publicity forces mean we sometimes get little of the truth.

What is astroturf?

It's a perversion of grassroots, as in fake grassroots. Astroturf is when political, corporate, or other special interests disguise themselves and publish blogs, start Facebook and Twitter accounts, publish ads and letters to the editor, or simply post comments online to try to fool you into thinking an independent or grassroots movement is speaking. Sometimes, astroturfers simply shove intentionally so much confusing and conflicting information into the mix that you're left to throw up your hands and disregard all of it, including the truth.

Drown out a link between a medicine and a harmful side effect say, vaccines and autism, by throwing a bunch of conflicting paid-for studies, surveys, and experts into the mix, confusing the truth beyond recognition. And then, there's Wikipedia, astroturf's dream come true. Built as the free encyclopedia that anyone can edit, the reality can't be more different. Anonymous Wikipedia editors control and co-opt pages on behalf of special interests.

They forbid and reverse edits that go against their agenda. They skew and delete information in blatant violation of Wikipedia's own established policies with impunity. Years ago, CBS News asked me to look into a story about a study coming out from the non-profit National Sleep Foundation, concluded: we are a nation with an epidemic of sleeplessness, and we don't even know it, and

we should all go ask our doctors about it.

A couple of things struck me about that: First, I recognized the phrase "ask your doctor", as a catch phrase promoted by the Pharmaceutical Industry. They know that if they can get your foot through the door at the doctor's office to mention a malady, you're very likely to be prescribed the latest drug that's marketed. Second, I wondered how serious an epidemic of sleeplessness could really be if we don't even know that we have it." - Sharyl Attkisson in "Astroturf & Manipulation of Media Messages", TEDx University of Nevada, 2015.

Chapter 10

Diagnosis a Medical Delusion

"Whereas the man who prescribes for the name, without taking the trouble to investigate the nature of a disease, is perpetually blundering, and by the misapplication of remedies finds himself frequently embarrassed and disappointed." - Dr Charles Turner Cooke, Surgeon, in "Affections of the Liver, Internal Organs, and

Nervous System", 1828.

"Diagnosis: consists chiefly in giving some symptom a name, usually, as experience has shown, a wrong one. Together with "investigation", and "observation", it serves, for the most part, to conceal the fact that would-be healers have not the remotest idea what is really amiss." - Dr Ulric Williams, MD, "Hospitals and Hooey or Health?", 1941.

"It is imperative to examine the places we are choosing to trust. Not one that offers a poison apple that is irresistibly shiny and couldn't possibly have been grown in your own back yard. Once upon a time, I trusted science, the medical establishment, and the principles of pharmaceutical interventions. I would have given all of my freedom away for the promise of safety. So where are you placing trust? Any big corporations on that list? Doctors? Governing agencies?" - Dr Kelly Brogan MD in "Your Body, Your Choice, Confessions of a Female Doctor", 2019.

"Diagnosing, as practiced by modern medical science, is so fraught with the element of uncertainty that no reliance can be placed upon it.

The specialist is so limited in his knowledge of the philosophy of health and disease that he becomes deluded on the subject; and this delusion often causes him to meningitis, appendicitis, ovaritis, or any disease that happens to be the subject of his specialty, in every case brought to him. As a matter of fact, most attacks of disease of any and all kinds get well whether treated or not. This fact enables the physician to report a great success for his treatment.

Is this an exaggeration?

I wish it were. It is confessed by the best clinicians that autopsies prove that 50% of diagnoses are erroneous. How about the appendicitis delusion? 9 in 10 of all cases reported

are not appendicitis, 1 case out of 20 diagnosed tumour of the brain, may possibly be a correct diagnosis.

Fibroid tumours are believed or said to be the cause of thousands of symptoms.

But this statement is refuted by the truth that as soon as improper eating is corrected the patient is relieved and her symptoms disappear, never to return, in spite of the tumour, unless she returns to bad living-habits.

When I refer to these delusions leading to mistakes in diagnosis, I do not have in mind the weak members of the profession.

I refer only to the best men in it; for the theory and practice, of medicine, as practiced today, make fools of the best men in it. No man can be wise enough to steer clear of these professional shoals so long as he is guided by the science of cause as taught today." - Dr John Tilden, MD

The Difference Between Precision and Interpretation in Lab Test Results

"**Precision:** Of the test performed

Interpretation: Properties of the professional individual analysing the test.

- The interpretation depends on who is looking at the Test Results, and this generates great confusion, Chinese wipers and intrigue." - Dr Victor Sorrentino, MD

Chapter 11

Debunking Drugs

"By faith are ye healed, not of thyself - it is the gift of God." - Ephesians 2:8

"Medicine is not always good for the sick, but invariably hurtful to the healthy." - Celsus

"Avoid drugs and physicians, if you value your health."- Hoffman

"If any old woman had the possession of a herb, or a salt which could antagonise the disease, her knowledge would be worth more than that of the whole College of Physicians." - Dr Samuel Wilks, MD in "The Medical Times and Gazette", 23 January 1869.

"Our cunning modern physician and apothecary, with their nasty drugs, have devised means of deceiving this faithful sentry. They do up their nauseous compounds in sugar coats or capsules, clothe their wolves in sheep skins, so to say, and command the patient to swallow them without mastication, otherwise this guardian of the portal of life would raise such a "hullabaloo" that the intruder,so foreign and obnoxious to the system, would be summarily expelled." - Jas. W. Wilson, in "The New Hygiene", 1893.

"Rickets is a chronic disease of nutrition. The drug treatment of rickets is of minor importance." - Dr Arthur R. Crandell, MD in "Rhachitis", The Boston Medical and Surgical Journal, Oct. 1901.

"In the life of every thoughtful physician there comes the unpleasant experience of meeting a certain proportion of cases in which his therapeutic measures are absolutely inefficient. With a forecast into the future it has been well said by Prof. H. C. Wood, in the introduction of his last edition of the "Principles and Practice of Therapeutics," that "In the treatment of acute disease it is essential that the doctor in charge superintend very carefully the nursing and hygiene of the sick-room, since the result of treatment may depend even more upon these so-called minor considerations than it does upon the administration of drugs. In the treatment of chronic disease the best results are to be achieved

by the regulation of the habits and mode of life of the patient, and by the employment of certain remedial measures other than drugs." - Dr John P. Arnold, MD, of Philadelphia in "Journal of Medicine and Science", Vol.9, 1903.

"Let us remember that it is but a small part of a physician's duty to administer medicines. Prophylax is more to be commended than medication in this disease." - Dr P. D. Harding, MD in "Treatment of Typhoid Fever", The Chicago Medical Recorder, 1904.

"Don't feed the disease, and, don't tear down the body by drugs". - Dr John H. Tilden, MD in "Cholera Infantum", 1909.

"We find the explanation of the lowered mortality statistics in exact ratio as the amount of drugs administered. No wonder that Osler says: "We have slowly learned that this is not a disease to be treated with drugs." - Dr Albert C. Geyser, MD Professor of Physical Therapeutics, Fordham University, in "The Medical Times", 1911.

"Medicines made a signal failure to cure a great King 3,500 years ago, and death followed its first use; regardless of its signal failure, men have experimented with it during the centuries, from that day till this. The experimentations have been rewarded with more or less success. Medicine, to say all that can be said in its favour, is a foreign substance, and per consequence an uncertainty. It is extremely problematical whether any satisfactory results have followed its use; some think so. Men are so constituted that they are disposed to try something when in pain; whether by spontaneous resolution or by death the case terminates, the last thing tried, if recovery takes place, is attributed as the one which accomplished the

purpose—cured the case." - Dr Andrew P Davis, MD, DO, in Neuropathy Illustrated", 1915.

"Of medicaments which will benefit it we have none that have proven their worth." - Dr A. Everett Austin, MD in "Diseases of the Digestive tract and Their Treatment", 1916.

"The person who takes medicine must recover twice, once from the disease and once from the medicine."
- Dr William Osler, MD

"The Effects of Drugs, it has already been shown that drugs act by causing a disturbance of reflexes. This way of looking at the action of drugs explains much that is obscure in pharmacology." Sir James Mackenzie, MD, FRS in "The British Medical Journal" 29 January 1921.

"Unfortunately valuable time is often lost in futile attempts to treat the disease by anti-rheumatic or other drugs before the fons et oriqo mali is located and treated. Attempts to isolate specific organisms from the synovial fluid and joint tissues have been generally unsuccessful, and it is doubtful whether the arthritis is due to the organisms themselves or to their toxins." - Dr. F. G. Thomson, MD in "Proceedings Royal Society of Medicine", Vol.19, 1926.

"Drugs play an unimportant role in the treatment of the indigestion associated with pulmonary tuberculosis." - Dr Julius Fiedenwald, MD in "Clinics on Secondary Gastrointestinal Disorders; Reciprocal Relationships", 1938.

"You mean this medicine was given to you to take internally!", produced equal damage." - Evelyn Barkins in "Are these our Doctors", 1952.

"The necessity of teaching mankind not to take drugs and medicines, is a duty incumbent upon all who know their uncertainty and injurious effects; and the time is not far distant when the drug system will be abandoned." - Dr. Charles Armbruster, MD.

"When I was in my second year of Medical School (Southern California University) in the 1950's, I was taught about medicines and pharmacology my professor Dr John L. Webb, MD in his first class stated; "I am here to teach you how to poison people! Without killing them, of course." - Dr Melvin H. Kirschner, MD in "All Medicines Are Poison! Making Your Way Through the Medical Minefield", 2009.

"Unfortunately in the balance between benefits and risks, it is an uncomfortable truth that most drugs do not work in most patients." - Fiona Godlee, Editor in "British Medical Journal", 5 June 2013.

"There's no such thing as a safe drug, by the time of drugs approved and it hits the general population we don't know even 50% of side effects that are involved with that drug, we were being trained to misinformed people, I spent 15 years in the Pharmaceutical Industry working for some of the major manufacturers. Giving people drugs that they know are brain damaging therapeutics that they know do not have positive long-term outcomes that they know will not cure anything" - Gwyn Olson

"The question is: Are the prescription drugs I am taking a complete waste of time?" - Dr Aseem Malhotra, in "BBC Radio 5", 2018

"We are over-medicating millions of people with drugs that are not going to give them any benefit whatsoever and only give them side effects." - Dr. Aseem Malhotra, interview "Diet Doctor", 2018.

The Ideal Remedy One that Neither Kills nor Cures

"I had the opportunity to work 5 and a half years in the American pharmaceutical industry, which is the largest in the world, I had very great experience with regard to drug development, drug approval.

I realized during that period that the Pharmaceutical Industry is so: you can not have a remedy that kills, because if it kills you have a legal process. And you also do not have a great emphasis on introducing remedies that heal, because the person will not buy more, you have to have a remedy that neither kills nor cures, this is the ideal client.

That's why it's called Industry, it's there to invoice, the focus is not health, the purpose is to make money. The sickness industry is so: you have an illness and you go to a doctor who gives you a remedy for this illness, only that this remedy will cause another illness that you need to go on to another doctor of another specialty, that will give you another remedy that will cause another disease.

For example you take a remedy for the heart, and sometimes it will have the side effects in the stomach, then I go to the doctor of the stomach, he gives me a remedy for the stomach that will give a side effect on the head, I will be depressed, then I'm going to the psychiatrist, he's going to give a remedy for depression, and it's going to affect another part of the body. After you are taking 5 remedies, you no longer know what your initial illness was.

Every remedy that has a leaflet, you will see in the leaflet the list of the side effects, most of the patients that read the leaflet don't take the remedies, like for example type 2 diabetes.

One takes remedies throughout life, and the concern is to

lower blood glucose and in several studies in the USA show that those patients who better control blood glucose, blood sugar, die earlier.

So getting the treatment was worse than the disease. Many people approach medicine as if it were dogmatic, in medicine there are certain lies that have been talked about for so long, and give so much money, and commercializes so much on that lie that it has become a dogma. And to destroy a dogma is very difficult. You take a 1920 book on obstetrical gynecology, there is recommended when the pregnant woman starts getting very nervous it is suggested that she start smoking, because the nicotine calms down. Today we know that a pregnant woman cannot pass even close to who is smoking, and this was recommended, it becomes a myth, as it is this, having this myth there are countless myths, the greatest of all we have at the moment is the cholesterol myth.

The Long Term Effect of Prescription Drugs

If I placed a frog in a cooking pot, with boiling water, the frog will jump, but if I grab a frog and place it in a cooking pot with cold water, and let him stay on low heat, for example in a Bain Marie (double boiler), the frog he will adapt itself to the water, in the mean time the water will slowly get hotter, thus when the frog decides to jump, he will be dead by cooking, this is called the Gradient Method". - Dr Lair Ribeiro, MD a Brazilien Cardiologist who went to the USA, and became Medical Director of Merck Sharp & Dohme, from 1982 to 1985, and Executive Director of Ciba-Geigy Corporation (now Novartis), from 1985 to 1990, in "Forbidden Cures", 2018.

Is Your Medication Making You Depressed?

"I think most patients are not aware that some medications can cause depression". - Dr Laura Carr, Pharmacist Harvard-affiliated Massachusetts General

Hospital.

The link between certain medications and "mood changes" are well-established thus:

"Be on the lookout for mood swings, sleeplessness, and anxiety when starting certain medications. A wide variety of medications can affect your mood and lead to depressive symptoms: benzodiazepines, such as alprazolam (Xanax), diazepam (Valium), lorazepam (Ativan), temazepam (Restoril).

"Benzodiazepines are central nervous system depressants. These medications can build up in the body, leading to side effects that can manifest as depression". - Dr Laura Carr

Other Medical Trade Drugs, that have depress side effect are:

1. Antibiotics
2. Painkillers
3. Hormone Replacement Therapy
4. Corticosteroids
5. Beta Blockers
6. Statins
7. Anticholinergic Medical Drugs
8. Anticonvulsant Medical Drugs

Paradoxically: 2 medicines that are sometimes prescribed for severe depression can produce depression: aripiprazole (Abilify), and quetiapine (Seroquel)." - in The Harvard Medical School, "Health Letter", October 2015

Drug Proving

"Drugs have been used as the usual method of cure for disease since antiquity, and their derivations varied from single herbs and substances to fearsome combinations from all imaginable sources.

The preparation and administration of medicines was kept as a mystery for centuries, and the medicine man was held as superior and revered as a little more than mortal for his powers. Various doctrines of healing sprang up through the years; perhaps the most interesting of these was the doctrine of signatures, founded on the belief that each member of the vegetable kingdom carried within itself the likeness of some organ or part of the human economy, as a sign that this particular plant was applicable to disturbances of that organ.

That was probably the most consistent method among all the very ancient systems of applying drugs. Paracelsus gained considerable insight into the action of drugs, and Halle, the Swedish physician, was a forerunner of Hahnemann in his deliberate experiments to discover the nature of certain remedies.

These attempts were not co-ordinated, and made little impression upon the medical world. It was not until Hahnemann demanded to know the action of the drugs upon the human organism that the work was taken up in an orderly way; this demand, however, was not forthcoming until after he discovered the law of cure. The discovery of the law made it mandatory to know the action of drugs, and Hahnemann set to work to obtain that knowledge and called the work drug proving.

What is a drug?

In order to answer the question, what is a drug? we must go back and ask, What is life?

Continued action of those forces, through and upon the organs of the body, which preserve it from decay, this is life; and health is that balanced action of these forces which preserves the integrity of all the parts. In this balance lies the conservation of the whole; without this balance more or less destruction of the parts is the result, and the value of this balance is determined by the importance and number of organs or functions involved.

A drug is any material agent, in however attenuated form,

the ingestion of which is capable of so disturbing this balance of the vital forces that the functioning of one or more organs of the body is no longer carried out to the best of the whole; and any material substance capable of so acting on the living organism is a drug. Hence drugs are essentially destructive; therein lies the difference between drugs and foods-drugs are destructive while foods are constructive.

Both drugs and foods act upon the vital force which rules in all animate beings. To ascertain the knowledge of a drug is to discover what disturbance of this balance it is capable of producing and what organs are affected; how and what functional changes are made manifest. When we have discovered all this about a drug we can say we have a proving." - Herbert H. Roberts, in "Principles and Art and Cure by Homeopathy", 1936.

Blood-Purifying Medicines Are Undoubtedly Very Beneficial To Their Makers, But Their Utility In Purifying the Blood Is Imaginary

"Dr. Chambers Watson wrote in "Lectures on Medicine", 1917: The question may be asked: "Are drugs of the intestinal antiseptic class of any value as an aid to treatment? My experience with drugs of this class generally has been very disappointing. Drugs like salol, izal, dimol, and many others have been strongly advocated as wonderful intestinal antiseptics.

I have tested these and some others very carefully, by observing the effects of administration on the state of the stools, on the urine and on the general condition of the patient, and with a negative result.

At the end of a few weeks I have found when these drugs were pushed even beyond the full doses recommended for their use that no improvement whatever was observed in the state of the stools, so far as that can be gauged by the sense

of sight and smell and the general bacterial content." The British Medical Journal, 27th February, 1926, published an authoritative article "On the Action of Certain Alleged Intestinal Antiseptics," by Dr. Lawrence P. Garrod, the well-known demonstrator of pathology at St. Bartholomew's Hospital, which contains the following striking disclosures based upon careful experiments regarding four widely used intestinal antiseptics which are recommended to the medical profession in all the medical papers:

"The experimental results obtained may be summarized as follows:

1. Four preparations, of which three are described as intestinal antiseptics, were found to exert no appreciable effect on the total numbers of living aerobic organisms in the faeces (stools) when administered by the mouth in adequate doses.
2. Of the same preparations three were found to exert on the faeces in vitro an antiseptic action much greater for coliform bacilli than for streptococci, the concentration of the drugs being considerably higher than that in the intestinal tract which presumably follows their administration by the mouth. The fourth preparation had no evident action whatever in any dilution employed."

Garrod showed that four of the best-known "intestinal antiseptics" had "no appreciable effect when administered by the mouth in adequate doses." The fact that three of them had some effect when used "in vitro", which means in a glass basin in the laboratory, will hardly compensate patients for their waste of money and the damage done to their stomach and bowels.

Many people who suffer from auto-intoxication from the bowel are told by friends, chemists, and doctors, that they require some blood purifying medicine.

Blood-purifying medicines are undoubtedly very beneficial to their makers, but their utility in purifying the blood is imaginary." - J. Ellis Barker in "Chronic

Constipation", 1927.

On the Remedial Agents of the Schools

"All unite in proclaiming this eternal truth: "that there is but one cause for disease." To apply fitting remedies must first claim our attention. The next chapter will treat on the remedies employed by the faculty, in order to convey to the public a knowledge of the mineral poisons, and deadly distillations, which have from time to time received the sanction of authority; and which, in the hands of the faculty, contribute more to the destruction of human life, than all the diseases peculiar to our system, when nature has been left to run her course without the application of such remedies.

Lord Bacon, in his Medical Essays, affirms that: "there is but one natural cause for death, namely old age." Notwithstanding the boasted remedies of the schools, how many victims are hurried annually to premature graves! Whence arises this calamity?" - Albert Isaiah Coffin, MD in "Botanic Guide to Health, and the natural pathology of disease" 1866.

"It is time that the people understood, what it seems that our popular physicians are not very likely soon to discover, that health can not be stimulated into them; that strength and vigour can be imparted to the living organism by no drug on earth, for the simple reason, that nothing can supply that which it does not possess; and that vitality always results from nutrition, and never from stimulation. As a specimen of the nonsensical twaddle that medical men , I mean regular physicians, write, and the credulous and thoughtless people run after and swallow without masticating". - Dr Russell Thacher Trall, MD in "Nervous debility: the nature, causes, consequences, and hygienic treatment of invalids suffering from prematurely exhausted

vitality", 1861.

"The habit of drug taking has so greatly increased in modern times that it is now regarded as one of the scourges of our civilisation. Drugs of this kind enslave their victims with remarkable rapidity, and once in their clutches it requires an almost superhuman effort to escape. They produce their evil effects more subtly than alcohol and are even more sinister, in that the moral deterioration which they cause is earlier in its onset and more intense in degree." - Sir William Arbuthnot Lane in "new Health for Every Man" 1932.

Therapeutic Progress

"We are obliged to confess at the outset that scientific therapeutics is to-day far behind all other branches of medical science. The cause is not far to find. The almost farcical teaching of materia medica and therapeutics, even in our best medical schools, gives us every year thousands of men appallingly ignorant of the physical and therapeutic properties of our most common drugs, yet well versed in other branches. Again, our progress has been retarded because of the great mass of comparatively worthless and poorly understood drugs which compose a large part of our present Pharmacopeia.

> *"The practice of medicine is the art of curing, and it is nothing more than that; to cure is its object, and all our plans must culminate in medico-chirurgical therapeutics." - Trousseau*

If this be so, and surely the great body of our profession will acknowledge the correctness of the definition, how far have we at times wandered from our true aim! How little space is taken up in our journals by contributions which

directly attempt to increase our knowledge of the exact effects of remedies which we prescribe so freely? Another bar to therapeutic progress is that even our best known and most used remedies, of whose value there can be no shadow of doubt, are of uncertain and indefinite composition, as at present most commonly prescribed." - J. Tracy Melvin, MD in "JAMA", 24 Nov. 1900.

"The enterprising manufacturers of pharmaceutical specialties, in their desire to introduce new remedies, not only publish enthusiastic reports of the new agents, but also try, both directly and indirectly, to discredit the older remedies which physicians are using." - Dr. Frank Woodbury, MD, in "JAMA", 24 Nov. 1900.

"One thing that has caused some delay in the progress of therapeutics is the need of the clinical study of cases while taking little or no medicine, so as to determine the cause of the disease if left to itself. Secondly, therapeutists frequently give drugs which mask the disease. The path of progress lies between these two. Therapy does not mean drugging. Polypharmacy is giving combinations of various remedies with contrary effects, and arises from uncertainty in the prescriber's mind as to what remedy is the best to give; it is unscientific and should be condemned in favour of scientific simplicity in therapeutics." - Dr. O. T. Osborne, MD, in "JAMA", 24 Nov. 1900.

"There is a tendency toward too much scientific study of the disease and not enough attention is paid to the therapy of the case by many physicians." - Dr. C. C. Fite, MD, in "JAMA", 24 Nov. 1900.

"The student of medicine should be taught at college, and should make it the axiom of his life, not to prescribe any drug unless he has a good reason for prescribing that particular drug, and not to combine drugs unless he could give equally good reason for combining them. The greatest difficulty in the study of medicine is with the materia

medica. In teaching this complicated and difficult subject, I advocate commencing with drugs that are comparatively simple in their structure and definite in their action. Following these, should be gradually introduced the drugs that are more complicated. The physician should not close his materia medica when he leaves college and lay it aside, but should make it his daily study.

I like the method, generally, of giving single drugs and of simplicity in prescribing. While we are under great obligation to the manufacturing pharmacist for many excellent preparations, I would say that the proprietary products with which our offices are filled by these enterprising manufacturers. These are often attractive preparations and physicians are urged to prescribe them. The misfortune is that we know nothing about their real composition or about their physiological action." - Dr. J. N. Upshur, MD, in "JAMA", 24 Nov. 1900.

"Why should we allow ourselves to be insulted by these men who leave their samples of drugs at our offices? An agent left a preparation at my office last week; it was a combination of pepsin and pancreatin, and he had the impudence to ask physicians to use it for indigestion, although we all know that pepsin requires an acid solution in order that it may act and pancreatin an alkaline solution.

And yet physicians use this preparation or it would not pay the manufacturers to send out their representatives to push it. These men know nothing about therapeutics and they come to our offices to tell physicians how to treat cases of disease. One of these did not know what strychnin is, and when asked, said that "strychnin is the active principle of arsenic." I call attention to the impudence of a firm which sends out men to teach physicians to use drugs." - Dr. George J. Lochboehler, MD, in "JAMA", 24 Nov. 1900.

"Professor Osler says: "The profession was a long time in learning that typhoid fever is not a disease to be treated by medicines." The fact is it takes a long time to learn any new truth, and a longer time to unlearn that which we have

learned amiss. Real progress is a plant of slow growth.

We often hear of the rapid progress of medicine, but it is mostly froth—bluster. Nature is very reluctant in giving up her secrets. However, I believe there is real progress in medicine, but it comes slowly and hesitatingly." - Dr P. D. Harding, MD in "Treatment of Typhoid Fever", The Chicago Medical Recorder, 1904.

Organized Medicine

"In the domain of modern medicine, the field of drug therapy probably shows the least progress from medieval methods of thought. It is still in the credo of the non-scientifically trained mind that for every disease there is a drug that will cure it, were we only shrewd enough to discover it.

The Methods used in Exploiting the Public via the Medical Profession are, naturally, somewhat more refined than those used in exploiting the public direct. To get even the careless physician to prescribe what is essentially merely a patent medicine, the advertising matter must have a seeming eruditeness-dried, powdered clay must put on fancy-dress word raiment and become anhydrous and levigated argillaceous mineral.

More than 20 years ago, a well-known physician protested in the Journal of the American Medical Association that the confusion caused by marketing one drug under a dozen or more different names had resulted in physicians not infrequently writing prescriptions for two or more identical substances in the same mixture.

Obviously, it is economic waste, as well as scientific fallacy, to prescribe drugs under proprietary names when they are official in the Pharmacopeia. Take the case of aspirin (acetylsalicylic acid). One brand of acetylsalicylic acid is as good as another, for aspirin is aspirin, just as quinine is quinine. Yet we find that the aspirin put under the name of Bayer has a wholesale price of 85 cents an ounce, whereas aspirin purchased under its official name, acetylsalicylic acid, can be had for 17 cents an ounce.

Veronal is the trade-marked name for a hypnotic known officially as barbital.

The price charged for the drug under its proprietary name is $3 an ounce, as against 70 cents an ounce for exactly the same substance sold under its official name, barbital. Cinchophen, used in the treatment of rheumatism, appeared on the market originally under the trade-marked name of Atophan. There is no difference between Cinchophen and Atophan, except the difference in price". - Arthur Joseph Cramp in "Debunking Drugs", The American Mercury, 1928.

Acute Intestinal Intoxication in Infants

"Acute intestinal intoxication may be defined as an acute metabolic disturbance with a predominance of gastro-intestinal symptoms, occurring in infants and young children, during the hot weather. It is characterized by its sudden onset, with collapse, vomiting, usually diarrhoea, frequently hyperpnoea, moderate leucocytosis, varying degrees of pyrexia and dehydration.

Medicinal

Medicines are of little use in the treatment of this disease.

Conclusions

There is a toxin, probably an amine base, produced in the bowel which circulates in the blood, and is capable of producing all the symptoms of the disease. Medicines are of little use." - Dr Alan Brown, MB and Dr Gladys Boyd, MB in "An analysis of 75 cases treated in the Hospital for sick children in Toronto during the summer of 1922" The Canadian Medical Association Journal, 1923

Drugs to Relieve Pain are Never Necessary

"25 years in which I used drugs, and 33 in which I have not used drugs, should make my belief, that drugs are unnecessary and in most cases injurious, worth something to those who care to know the truth. Nature Cures; Nature can eliminate syphilis, or any type of infection, if all enervating habits are given up and a rational mode of living adopted. Using nerve-energy in excess of normal production brings on enervation.

The fundamental discoveries of Pasteur, and their brilliant application by Lister, were quickly seized upon in America. The names of Bull, Halstead, Murphy, the brothers Mayo, Cushing, and Finney are to be ranked with those of the best surgeons of any nation. In fact, we may be said to lead the world, to use an apt Americanism, in the production of surgeons (and surgical plants), just as we do in that of automobiles, baby carriages, and antique furniture. Drug palliation is always inclined to enervate and build Toxaemia.

There should be a law against such malpractice. But the majority never handicap themselves with prohibitory laws. My prescription was: No more smoking in the home (the husband being an inveterate smoker); stay in bed; fast, take a tub bath and an enema every night until a paroxysm of headache had been missed.

Drugging pain of any kind checks elimination and prevents the human organism from cleaning house. In this case of megrim, every time an eliminating crisis developed' the doctor slammed the doors of egress shut and barred them with morphine.

People are never sick who have no bad habits

There were two patients with a "dreadful affliction," which was kept "dreadful" by a senseless and criminal medication, and that, too, by physicians holding degrees from class A colleges. Even the drugs used to relieve pain end in making a greater pain, and sometimes kill." - Dr. John H. Tilden, MD in "Toxaemia Explained, The True Interpretation Of The Cause Of Disease", 1926.

Neuritis In Metallic Poisoning

"Treatment: Rest in bed and a pint of hot water every three hours until comfortable. Then fruit morning; salad at noon. Hot baths to relieve excessive pain. Certainly no drugs for these subjects; for they have already been poisoned to death.

I think the majority of physicians will give hypodermics of morphine to remove pain, but it is not necessary. If a hot bath can be had, the patient should be kept in water as hot as he can bear for 30 minutes or 1 hour, if necessary to bring relief; and then he should return to the hot bath when the pain becomes troublesome. Of course, the excessive heat in bathing is enervating, but no more so than drug administration and the pain for which the bath is given. Strychnine is recommended, but, to my mind, it is the very worst kind of malpractice to overstimulate a patient in this condition with drugs that act so powerfully on the nervous system as strychnine. Indeed, drugs are not necessary at all." - Dr John H. Tilden, MD in "Impaired Health Its Cause and Cure", 1959.

The Toxicology of Sulphocyanates

"Nichols reported his experiences in its use and drew attention to manifestations of intoxication with the drug. They:

1. Abolish muscular activity

2. Stop the heart
3. Elevate the blood pressure, if not immediately fatal.
4. Cause diarrhoea
5. Produce diuresis in rabbits
6. Set up intense irritation of the motor cells of the spinal cord.

An exfoliative dermatitis similar to that of arsenic poisoning as a complication of sulphocyanate therapy has been reported by Weis and Ruedemann, Ayman and Logefeil.

Review of the literature on the therapeutics and toxicology of potassium sodium sulphocyanate, 3 cases illustrating a form of intoxication hitherto unreported, and experimental evidence on the toxicology of the drug are presented. The clinical and experimental data suggest that the drug is cumulative when the avenues of its normal excretion are obstructed, and that the site of action is in the adrenal gland. It appears that hypertension as a disease is a generalized condition of the organism which requires increased arterial tonus to maintain function and that any drug which has the power to reduce this tension to the average normal leads to disaster.

Conclusions

1. The sulphocyanates in doses large enough to reduce blood pressure appreciably are toxic and may destroy life.
2. The syndrome of hypoadrenia has been produced clinically.
3. Other symptoms of intoxication, such as gastro-intestinal weakness, rash, dermatitis, psychosis.
4. The incidence of intoxication increases with the age of the patient." - Dr James Clarke Healy, M.D., Instructor in Medicine and Pharmacology, Tufts College Medical School, in "New England Journal of Medicine", 17 September 1931.

Contraceptive Pills

"High dose contraceptive pills were prescribed for years for millions of patients without anyone knowing exactly what was likely to happen. When it became clear that such pills were killing hundreds of women lower dose contraceptive pills were introduced. We still don't know what effect the contraceptive pill is likely to have on the children of women who took it." - Dr. Vernon Coleman, MD, in "Amrit-Manthan International Journal"

Proton Pump Inhibitors

"Studies have demonstrated that medications that reduce stomach acidity increase the likelihood of C. difficile infection in both adult and pediatric populations. Children on H2RA medications are 4.5 times more likely to acquire a C. difficile infection. Proton Pump Inhibitors (PPIs) may also raise the risk of C. difficile among patients in intensive care with stress-related ulcers. Another study found evidence that in adults who take Proton Pump Inhibitors (PPIs), the risk of myocardial infarction is significantly increased. A meta-review also correlated Proton Pump Inhibitors (PPIs) usage with an increased risk of dementia, as did a cohort study in JAMA Neurology." - The Institute for Functional Medicine, 2018.

A Pill For Every Ill

"Ideas actually are based upon biased information often because there's a huge industry that is benefiting and that wants to profit from selling and getting pills out to people, and making money out of it, but then what happens is often that information when they come and see their doctor the information then that's bias may then influence the decision making process for the patient, say I want this pill (I often have to deal with this), well hold on a minute let's just talk through this, let me tell you exactly what the benefit of this pill is, what the potential harms, what the alternatives and often when you have that a conversation with the patient, they change their decision, think ah actually this doesn't

sound as great as I thought, it would be doc hmm, I'd rather do something else you know rather than take a pill I might just, you decide for a few weeks cut out my junk food from my diet and that actually might have a more beneficial effect, which often it does." - Dr Aseem Malhotra, in "BBC Radio 5", 2018

Drug Dealers

"If you talk to your doctor about your struggle, you may very well be offered medication treatment to: "help you to function". Antidepressants, Anxiolytics, Antipsychotics, and stimulants to whip your system into conformity. But are these medications really different than street drugs? Aren't they habit-forming chemicals inducing an unpredictable chemical effect?" - Dr Kelly Brogan, MD, 2018.

Iatrongenic Diseases

"The Medical Trade has introduced a new set of diseases into the world called, by the doctors themselves, iatrongenic diseases or doctor induced diseases. These diseases are caused by not understanding the side effects of prescribed drugs. Sometimes because a patient wants a drug, he is given a prescription which can be dangerous. An article in the Salt Lake Tribune, on 21 March 1976:

> *"No one wants poisoning, but it happens quite often. Drugs are potentially dangerous to all people." - Dr. Anthony R. Temple, MD*

On 6th May 1973, the "National Enquirer" quoted a professor of pharmacology at the University of California who charged:

> *"Wrongly prescribed drugs kill 24,000 a year and hospitalize 3,600,000, thus indicating that we do have a real problem in our society today."*

Most people today want a one-shot cure and don't really care how they get it. The problem is that one-shot cures do not exist. These cures are just a preparation for more to come. All the drug usually does is cover up symptoms to let the disease continue to progress until it is past helping. There are many side effects from some of our most popular drugs, such as hearing defects from some antibiotics, leading to permanent deafness, severe kidney disorders from sulfa drugs, arthritis from the use of drugs used to reduce blood pressure.

In 1958, 15 babies nearly died from the aniline oil contained in the ink used to mark the baby's skin. Many patients have been given barbituates, only to die of a decrease in the number of blood cells, burns relieved with tannic acid may be followed by cirrhosis of the liver, or destruction of liver cells, blood transfusions may save countless lives, but may also be responsible for kidney disease and suppression of the urine.

Hepatitus is also a common result of blood transfusions. A drug was given to several women for arthritic pains and they all developed hepatitis. The story is endless and should be stopped. When possible the use of vitamins, herbs and natural food supplements, with a good diet should be the treatment of disease rather than a drug that can be in the foreseeable future cause permanent damage or even death. But drugs are big business and growing.

The men who control this great business have no intention of letting anyone stop the sale of their poisons without first attacking from all angles.

This is the case even with all the evidence accumulated by honest doctors and laboratories that drugs are lethal. The major drug companies got started in the United States by "Bill" Rockefeller who in 1850 listed himself as a physician and began selling raw petroleum on the road as a cure for cancer. He sold his particular brand under "Old Bill" and called his brand "Nujol."

He made a contract with Standard Oil and they began marketing the crude oil and changed the remedy to a cure for constipation. It cost the druggist 21 cents and cost

Standard 1/5th of a cent to manufacture. The product was discovered injurious to people and so carotene was added and it was offered again to the same unsuspecting market. The other product made in the same warehouse was a fly killer named "Flit." Thus began the great Rockefeller Cartel and Drug control for the entire nation.

The American Death Ceremony

In recent years, it has been developed into a science. It usually takes from 10 to 15 years,: however, modern scientific advancements are shortening this period of time. It starts with one simple aspirin for a simple headache.

When the 1 aspirin will no longer cover up the headache, take 2. After a few months, when 2 aspirin will no longer cover up the headache, you take 1 of the stronger compounds.

By this time it becomes necessary to take something for the ulcers that have been caused by the aspirin. Now that you are taking 2 medicines, you have a good start.

After a few months these medications will disrupt your liver function. If a good infection develops, you can take some penicillin.

Penicillin will damage your red blood corpuscles and spleen so that you develop anaemia. Another medication is then taken to cover up the anaemia. By this time, all of these medications will put such a load on your kidneys that they should break down. It is now time to take some antibiotics. When these destroy your natural resistance to disease, you can expect a general flair-up of all your symptoms.

The next stop is to cover up all of these symptoms with sulfa drugs.

When the kidneys finally plug up, you can have them drained. Some poisons will build up in your system but you can keep going quite a while this way. By now the medications will be so confused they won't know what they are supposed to be doing, but it doesn't really matter.

If you have followed every step as directed, you can now make an appointment with your undertaker. This game can

be played by practically all Americans, except for the few ignorant souls who follow nature." - Dr. L. I." - Dr Stan Malstrom, ND, and Jared Brown in "Roots of Disease", 1979.

The Pharma Addiction Society

"Ivan Illich in "Medical Nemesis, The Expropriation of Health", 1975 envisions a drug addiction society to the point that even medication would surpass other forms of drug use by its own option.

In this sense, he says that medicines form habits like any other drug and the doctor treats every day with people who want them and suffer the consequences.

And the consequences are due to the fact that this logic, health as an imperative, is accepted as intrinsic truth and even as social prestige. It has been configured, according to John Abraham (Pharmaceuticalization of Society in context, 2010), a double objective interest: on the part of the pharmaceutical industry in maximizing their profits and on the part of the consumers in optimizing their health.

It is a complementary relationship between plaintiff and industry.

However, to achieve this goal, medicine must enter everyday life, you can not be a sporadic consumer, you must be a client. Nick Fox and Katie Ward in "Pharma in the bedroom and the kitchen, The pharmaceuticalization of daily life", 2008, identify 2 paths for this:

1. The domestication of pharmaceutical consumption.
2. The appreciation that the same drugs are species of "magic bullets" for a series of problems of daily life.

These paths allow connecting the world of business with the private world. Connection that for other authors like Roy Moynihan, Iona Heath, David Henry "Selling sickness: the farmaceutical industry and disease mongering", 2002, implies the illusion of the sale of diseases to later sell the medicine as a solution." - M. M. Espinosa, in "Medicalization of Life", 2017.

Chapter 12

The Inefficiency of Drugs

"It appears to be a part of the egotism inherent in some persons to think that they are so constituted as to bear an unlimited duration of steady work. Next to this is the folly of supposing that the powers of the system, when they give way, may be restored by medication. Giving medicines too frequently, and the use of nauseous or nauseating remedies, may do harm by compromising the desire for food and appetite, which their remedial effects will not compensate for." - Dr Austin Flint, M.D., Professor Principles and Practice of Medicine, Bellevue Hospital Medical College, and Long Island College Hospital, in "Conservative Medicine as Applied to Hygiene", The American Journal of the Medical Sciences, Vol. 46, 1863.

"Judicious nursing and attention to small and various details is of more real value than drugs." - Dr J.S. Bristowe, MD, FRS in "Brain, A Journal of Neurology", Vol.11, July 1889.

"If drugs are the real cause, that is, if they communicate the power which performs vital functions and produces vital vigour, there will be invariable connection between the drug and the function. There will be no function without the drug; and there will be an increase or decrease of function corresponding to any increase or decrease of the drug. The absurdity of such a claim is evident; it rests only on superstition by indifference.
A further important test of the real effect of any drug, is to use it continuously in the recommended dose for months or weeks and then to suddenly and permanently discontinue its use. This is, we believe, the most important test of the effect of any drug. No one believes that the drug is digested or assimilated so as to yield

from its own substance power to the organism, or power to do work of any kind. Thus the organism is not only weakened by the drug, but when the drug is suddenly with drawn, experiences its weakness most keenly. The marvellous power of drug habit is thus explained. Once resort to the use of drug for strength, relief, or comfort, and the necessity for repetition constantly increases. Because it produces or aggravates the conditions that it temporarily relieves, the indulgence never satisfies. It produces the disease it seems to cure, and depletes the strength it seems to give, so that the longer one uses it the more he needs it. And all this because it is the organism that supplies the power of action and work, the drug only calling forth and expending the power which it seems to yield." - Dr. Robert Walter, MD in "Vital Science Based Upon Life's Great Law", 1899.

"Every dose of medicine given is a blind experiment on the vitality of the patient."- Dr Bostock, MD, author of the History of Medicine.

"There are many miscellaneous items of advice which the painstaking physician will impress upon his patient, such as to avoid late hours, cease smoking, and be temperate in all things. The very best results are to be achieved only by the perfect accord of physician and patient informing and carrying out every dietetic and hygienic detail. These details, applied with careful individualization, are of vastly greater importance than drugs." - in "The Therapeutic Gazette", Vol. 27, 1903.

"Such are the 3 principal elements, a veritable therapeutic tripod, of the treatment of muco-membranous colitis. As may be seen, the means are exclusively hygienic, and what may properly be called drugs have not much to do with this treatment; they are almost always inefficacious, and sometimes even harmful, owing to the alcohol or other irritating substances that are often mixed

with them." - Dr Maurice de Langenhagen, MD, Consulting Physician at Plombieres in "The Lancet", 30 April 1904.

"Organic headaches, where due to arterio-sclerosis, syphilis, meningitis and other causes, should be treated as indicated under the particular disease acting as the causal agent. These headaches are oftentimes modified by the application of the very hot compress to the head over the painful part, followed by the cephalic compress. This treatment may be repeated every 2 or 3 hours until relief is given. In like manner the diathetic states of gout, rheumatism, diabetes, uremia, must be met by measures calculated to relieve the disease itself." - Dr Curran Pope, MD in "Practical Hydrotherapy, a Manual for Students and Practitioners", 1909.

"We are treating the symptoms and not the root causes of chronic illness. And a huge industry has developed with drugs for blood pressure pills, type 2 diabetes pills and cholesterol lowering drugs, where the evidence is very clear that most people taking these drugs are ineffective." - Dr Aseem Malhotra, MD in "I News", 7 July 2017.

"Good health rarely comes out of a medicine bottle." - Dr Aseem Malhotra, in "BBC Radio 5", 2018

"If everyone could be persuaded to rely on the right methods of living rather than on drugs, the health of the nation would be still better.

Some of my friends are chemists:

I have had distinguished representatives of their profession as patients, and the future of the trade has been amicably discussed.

I have stood in the shop of a chemist friend while people have filed in by the dozen in order to buy some drug or remedy which they took to alleviate the many symptoms

that distressed and disturbed them. **Admittedly, the products of the chemist do bring results, but they are often of the opposite kind to that which is in the patient's interests.**

The freedom from trouble obtained by the use of drugs is only temporary, and many of these people acknowledge that palliative measures are very unsatisfactory. When a sufferer becomes ill enough, he may become a slave to unnatural methods. But you who would be wise, refrain from poisonous drugs, fall back on the simple methods of Nature, and you will find that your colds, headaches, catarrhs, boils, stomach-aches, and mention, will disappear.

The miracle has happened in my own life: I have had most of these in my day, including what would have been almost certainly an appendicitis had a surgeon over-keen on the knife been called in; and I want to show how one can enjoy still better health by following the true path that leads to physical, mental, and spiritual emancipation. Often the way may be long and dreary, requiring faith and courage to stick it out till health is assured. I remember that when I was an assistant at Edinburgh I developed a catarrh that lasted for months. I observed that I had felt much better a year previously, and had found an improvement in my health since taking up the new regime, which included dieting, deep breathing, spinal manipulation, and exercises.

Why should this dreadful cold come along, the end of which seemed as far off as ever? Surely there was something wrong with our philosophy. Even I, an enthusiastic worker, doubted; but today doubt no longer exists. That catarrh was a cleansing process which, when allowed to take its course, finished "on its own." And I can truly say that, as a result of the distressing period that would have tried the patience of Job himself, I felt just as buoyant in spirit as I had previously felt depressed. This book is striking, so far, a very personal note; but there is nothing simpler or more convincing than personal experience. It is good to have gone through the mill, for those who have been through it understand the feelings of those who are enduring troubles which they themselves have experienced.

In my practical work I am glad to say that I have encouraged several thousands to emancipate themselves from poisonous drugs by holding on to the simple methods of Nature for restoring the normal functioning of the vital organs and other parts of the body. And catarrh is but one of the conditions which are so often misunderstood. With regard to the common cold in the head, the symptoms are familiar enough: we are all acquainted with the watery discharge of the eyes and nose, swelling of the nasal mucous membrane, mouth-breathing, and difficulties in sleeping.

The discharges may be suppressed by drugs, and even chlorine gas has been used to cure catarrh. This gas is a very powerful disinfectant, and destroys millions of bacteria. It certainly has a corrosive action on the delicate mucous membranes which are regarded as the offending members of the body. But this kind of treatment is as irrational as if a plumber knocked up coarse boards on some decorative ceiling, in order to stop a leak, without paying the slightest attention to the source of trouble.

There are causes behind the catarrh and these must be sought out and remedied without injuring those very cells that are working harder than normally in order to keep the body in health. This truth applies also to catarrhal discharges from other parts of the body, from the mucous membranes of the stomach, intestines, and so on.

It is folly to tamper with the symptoms and to destroy healthy tissue with drugs or by surgical measures. I grant that sometimes a part of the body may become so diseased that removal may be necessary; but to rush to have this done before dealing with causes, and placing the whole system on a healthier foundation, is irrational.

We must remember that a person who has had some part cut out is never afterwards a complete person. When the garage man removes a damaged wheel after a collision he puts a new one on, and the car is then as good as ever. But if an appendix is removed, in thousands of cases quite healthy ones, there is no "replacement."

A part of the intestinal tract with a function is gone for ever, and adhesions may give trouble later. I plead for

surgical conservatism, and a greater respect for the Design of the human body. I have seen mothers weep who have brought children for examination when it had been hoped that manipulative surgery would have helped them. But when muscles and tendons have been cut away, what is there to work on to restore normality? One can do nothing. No doubt the surgeon cut because he believed that by so doing he was helping suffering humanity. But often the least damage done has been lameness for life; whereas manipulation, exercises, and sunlight would, either singly or collectively, have effected in most cases a cure. But let us return to the question of catarrh, which affects the well-being of so many people.

Colds are not "caught." Admittedly, sitting in a draught, getting wet feet, and keeping late hours habitually are conducive to colds; but the real cause of the complaint is to be found in lowered vitality, the accumulation of waste matter in the system, and the presence of injurious drugs and poisons. What happens is this: when the system is chilled by a draught or exposure, the morbid waste matter that normally escapes by the skin, whose millions of pores act as fontanelles, must find another means of escape. If the other organs of purification, the kidneys, bowels, and mucous membranes, are functioning properly, they can take on the extra work without discomfort; but if the system is clogged with impurities, elimination will take the annoying form of acute catarrhal ailments affecting the respiratory, digestive, or other organs. It is just in this way that one gets such conditions of inflammation and fever accompanied by coughing, expectoration, morbid discharges, diarrhoea, leucorrhoea, and so on.

We have to get it clearly into our heads that behind these symptoms is some form of systemic poisoning. The rational plan, therefore, is not immediately to attack the inflamed tissues that are trying to purify the system, but to take the body as a whole and reduce the strain on all the organs that remove the morbid matter which is generated every moment of our lives. The physician should show the patient how to increase the work of the skin, that vast organ that

removes deadly poisons from the body. It is important to get that right. Again, the kidneys may be overburdened with uric acid and other toxins that must be got rid of somehow.

Diet? I have never yet had a patient for catarrh whose dietetic habits over a considerable period I have not most carefully studied. And when the condition is acute, reducing the diet to fresh, juicy fruit is often wonderfully effective. Abstinence from ordinary foods gives the overworked kidneys and bowels a chance to remove the waste matter, and so it becomes no longer necessary for the mucous membranes to act as auxiliary "dustmen" to the body.

They are very dirty in their ways, and the only safe method of stopping them is to lessen the burdens of the legitimate workers and keep them in good condition: the skin, the lungs, the kidneys, and the bowels. These are the real "dustmen," and if given decent treatment they will serve us well. Let us ill-treat them, and they will throw the whole organism into a state of chaos. Surely, then, it is not absurd to claim that morbid discharges, diarrhoea, and other forms of acute inflammation, are Nature's purifying efforts, and under no circumstances should they be suppressed. Indeed, we ought to encourage them by all the means in our power, including fasting and the water-cure methods explained in my book, Human Power. When these acute and subacute conditions are interfered with, they accumulate in the body, usually in the weakest part; and thus they become the breeding-ground for all kinds of putrefactive changes. This is chronic disease.

Many cases of deafness and other serious conditions are due simply to the maltreatment of Nature's cleansing symptoms, which, had they been allowed to take their course and even helped by natural methods, would have left the system healthier than before. One of the victims, age 16, of suppressive treatment consulted me about eighteen months ago. He had been suffering for about two years, the pains in the left ear being particularly severe. I made a careful note of the history of the case, and it was clear that the chronic condition was due to the wrong method of treatment of the acute eliminative symptoms so common

among children. I used manipulative methods in this case; and I quote the letter received at the time of writing, which proves how responsive Nature is if the correct methods are applied in time.

Before having treatment I had been suffering from constant headaches, a continual buzzing noise in the ears, which latter always seemed blocked and sore. My nose, too, had a blocked feeling, and would often bleed with the slightest touch. I was under the local doctor for the above for a considerable period, who provided me with sundry bottles of medicine, and a lotion for my ears.

For the nose, he advised an operation. Besides making my ears more painful, the doctor's remedies had very little success.

After the above I tried dieting, but the diet did not suit me, so that was not much of a success. Your treatment, however, has been remarkably successful. I have not had any pain or discharge from my ears, and I can now breathe through my nose with perfect freedom. It is very seldom that I now suffer from a depressing headache, and, generally speaking, I am feeling great!" - Clement Jeffery, M.A. in"Positive Health", 1928.

"Drugs. **If medicines are used the patient must have a definite understanding that they are palliative rather than curative** and that they have nothing to do with the heart itself. For example, if small doses of sedatives are used it, is wise to explain to the patient, "that they take the edge off his nervousness". No intelligent patient could possibly be persuaded that his heart is sound if at the same time he is asked to take digitalis. If any rest in bed is to be recommended, and sometimes the patient will have to resort to some rest in the beginning, he must understand that this has nothing to do with his heart; that it is simply a question of his having used up energy and that "his storage battery needs recharging". But for him to believe that the cultivation of a horizontal philosophy of life is going to cure him is erroneous because too much rest simply plays into the unconscious tendency to remain sick.

In the final analysis, it is the cultivation of an erect

philosophy of life that is going to accomplish cure. The use of Massage, Hydrotherapy, and Gymnastic work must be looked upon not only from the standpoint of possible beneficial results but the unhealthy suggestions that can come from such sources must be considered.

Again and again it has been my experience that people who do not work directly with physicians, but rather in institutions that are developed soley from a commercial standpoint, are very prone to give the patient suggestions that are bad for him. By taking the pulse and commenting about it, taking the blood pressure and telling the blood pressure figures, referring to the muscle tone as bad or the circulation as poor, etc., they work harm rather than good." - Dr Edward Weiss, MD in "Emotional Factors in Cardiovascular Disease", 1951.

Drugs Don't Work

"Common antidepressant sertraline "barely treats depression", shock study: "The clinical effectiveness of sertraline in primary care and the role of depression severity and duration: double-blind, placebo-controlled randomised trial". The Lancet Psychiatry, finds Scientists from University College London, said they were "shocked" by the findings. **Experts said their findings likely apply to the entire class of drugs."** - in "The Sun", 19 Sep 2019.

> *"From 1988–1994 through 2005–2008, the rate of antidepressant use in the USA among all ages increased nearly 400%. About 1 in 10 Americans aged 12 and over takes antidepressant medication." - in "NCHS Data Brief", Centers for Disease Control and Prevention, Number 76, October 2011.*

> *"According to the 2013 New Zealand Health Survey, the rates of psychiatric illnesses in children doubled over the last 5 years. Internationally, there's been a 3-fold increase in ADHD, a 20-fold increase in autism, and a 40-fold increase in bipolar*

disorder in children. Another study showed that despite our ever-increasing reliance on antidepressants, the recovery rates and relapse rates are no better now than they were 50 years ago, prior to the advent of these medications. And children with depression who were treated with antidepressants are 3 times more likely to convert to bipolar disorder than children who were never given these medications." - Julia J Rucklidge, PhD, Professor of Clinical Psychology, University of Canterbury, New Zealand in "The surprisingly dramatic role of nutrition in mental health", 2014.

"Social isolation is the best-established, most robust social or psychological risk factor for disease out there. Nothing can compete." - Steve Cole in "The Social Life of Genes", Pacific Standard, 3 September 2013.

Chapter 13

What Is Diabetes

"Most obese individuals are resistant to the hormone, insulin. So, what does that mean exactly, to be resistant to insulin? Insulin resistance is essentially a state of pre-pre-type 2 diabetes. Insulin's job is to drive glucose, or blood sugar, into the cells where it can be used.

In a Nutshell:

When someone is insulin resistant, they are having

trouble getting blood sugar where it needs to go, into those cells. And it just can't hang out in the blood after we eat or we would all have a diabetic crisis after every meal! So, when someone is resistant to insulin, the body's response to this is to just make more of it. And insulin levels will rise and rise, and for a while, years even, this is going to keep up, and blood sugar levels can remain normal. However, usually it can't keep up forever, and even those elevated levels of insulin are not enough to keep blood sugar in the normal range. So it starts to rise.

That's Diabetes!

Insulin Resistance is Essentially: A state of Carbohydrate Intolerance.

Medication

Our carbohydrate intake is the single, biggest factor in blood sugar levels, and therefore need for Medication.

These guidelines then go on to say:

Hey look, if you are taking certain Diabetic Medications, you actually have to eat carbs, otherwise your blood sugar can go too low. Let's take a look at the vicious cycle that, that advice just set up! So it's: Eat carbs, so you have to take Medicine, then you have to eat more carbs, so you avoid the Side-Effect of those Medications. And around, and around we go.

Carbohydrate Toxicity

Yes, we are essentially recommending that they eat exactly what's causing their problem.

Sound crazy? It really, really is. Because, at its root, Diabetes is a State of Carbohydrate Toxicity.

There are 3 Primary Macronutrients:
Carbohydrate, Protein & Fats

If one goes down, one has to go up. My patients eat fat, and a lot of it. Let me tell you, you're going to be happy, because fat tastes great, and it is incredibly satisfying. Fat is the only macronutrient that's going to keep our glucose , blood sugar, and insulin levels low, and that is so important.

I want you to know my simple rules for eating:

1 - If it says light, low fat or fat-free, stays in grocery store. Because they took the fat out, they put carbs and chemicals in.

2 - Eat food. The most important rule in low-carb nutrition: Real food does not come in a box, and no-one should have to tell you real food is natural. You should know that when you look at it.

3 - Don't eat anything you don't like.

4 - eat when you're hungry; don't eat when you're not, no matter what the clock says."

- Dr. Sarah Hallberg, MD in "Reversing Type 2 diabetes starts with ignoring the guidelines", TEDxPurdueU 2015.

"Case 148 - A woman, aged 32, had complained of hay-fever since the birth of her only child, a girl, aged 12. The patient had a bad attack while she was being examined, but it passed off before she left, partly through fear, and partly on account of an intra-venous injection of strontium aspartate (0-01 grm.).

The patient's mother was a chronic asthmatic, and died, following tracheotomy performed for angio-neurotic oedema of the larynx, aged 52.

One sister died of phthisis, aged 27. The patient used to bite her nails, she had wide-angled and hyper-extended elbows, and her hair was going grey. The left colon was contracted, and the ascending colon and caecum were dilated. The patient was dieted, took lacto-dextrin internally, had a course of Colonic Lavage, and received injections of strontium aspartate and of the faecal vaccine. Her condition improved and her hay-fever vanished. As the hay-fever

began when her baby was weaned it is obvious that chronic dehydration gave place to hydration. It is clear, also, that both fear and strontium aspartate reversed the chemico-physical change for the time being, but this was in no way connected with any outpouring of adrenalin into the circulation. If the patient had not had hay-fever, the diagnosis of idiopathic hypo-glycaemia might have been made, but it would not be possible to say that the two conditions are synonymous, although, as the case shows, the hypo-glycaemia and the hay-fever were different manifestations of the same abnormal chemicophysical change (hydration).

The author wishes to bring forward to support the view that:

Diabetes is the result of a Chronic Intestinal Intoxication, and a sign of Chronic Dehydration." - Dr James McDonagh, FRCS, Hunterian Professor at the Royal College of Surgeons in "The Nature of Disease", Part III, Section I, 1931.

"If you go to a typical Doctor, your regular Family Doctor interest or Endocrinologist, and you're diagnosed with diabetes they're gonna typically tell you, you're gonna have diabetes the rest of your life, they're gonna give you Medications, they're gonna give, a short, maybe one sentence thing about eating healthy, or that eating a better diet, but they're gonna essentially have the opinion you never can't get well, you're never gonna become thin, you're never gonna become healthy, you're gonna have this incredible increased risk the rest of your life, and you have to be put on our slew of Medications, including Statins, which make you gain weight and increase the risk of developing more severe diabetes, and more insulin resistant.

And I'll give you Medication, diabetic Medications and some of the Medications for diabetes cause weight gain, and make you gain weight and become more insulin resistant, become more diabetic, just to keep the sugars down.

I'm saying medical care to a degree is, we can consider barbaric, it and you know you're told this without given the options, it wouldn't be so bad but people aren't giving

proper informed consent" - Dr Joel Fuhrman, MD, PhD in "iThrive! Rising from the Depths of Diabetes and Obesity", Docuseries, 2017.

> *"I'm a general doctor, I have to treat every aspect of my patients health, and sometimes the indication for Medication, is to make them psychologically more comfortable. And this is important they can say well: "I'm on treatment, I'm taking insulin", their relatives will feel comfortable, because they're on some medication. They'll have less criticism from the medical industry because they're on medication." - Dr John MacDougal, MD in "iThrive! Rising from the Depths of Diabetes and Obesity", Docuseries, 2017.*

"So the usual praxis in the hospitals, and in the outpatient clinics when patients are diagnosed with their type 2 diabetes, is that they come to their first visit with their their blood work and all of a sudden it's like, oh you know you have your diabetes, so you will need to take Metformin twice a day, each day and we might need to increase the dose, and we might also add some more medications, and eventually we might put you on insulin.

Diabetes is Considered a Disease that Cannot be Cured, so we are trying to manage your diabetes, but it's for the rest of your life, and by the way, you know I can see your cholesterol is really high, we will put you on a Statin and the nurse was just measuring our high blood pressure so we will need to start also high blood pressure Medications and most probably we will just need to increase the doses and add more Medications along the way but you cannot expect that you will be cured from from our diabetes it's just about trying to manage what we can with the pills" - Dr Hana Kahleova, MD in "iThrive! Rising from the Depths of Diabetes and Obesity", Docuseries, 2017.

"A lot of what I see is patients who are dealing with chronic issues so for years, even decades, they've been told that your blood pressure is high, you have type 2 diabetes,

you may be on insulin, the cholesterol levels are high, so take a pill. And that really is not treating the reason behind those issues to just treat it with medication, you can fix numbers all you want, but it doesn't fix the underlying problem, so we like to say your sugar is not high because you're not getting enough metformin, which is a medicine that lowers sugar, it's high because something's driving it up which is often the food." - Dr Stephen Neabore, MD in "iThrive! Rising from the Depths of Diabetes and Obesity", Docuseries, 2017.

"Diabetes can be compared to other chronic diseases, like for example cancer. It takes at least 10 or 15 years to develop, it's not like you're completely healthy and all of the sudden you're diagnosed with cancer, it works that way in our life but there's this period of about 10 or 15 years which it takes to develop cancer or diabetes. And there there are these milestones along the way when we start gaining weight, when we start having problems with our high blood pressure, high cholesterol, these are just signs that something is not right. Something needs to be changed so that you don't get diabetes, or so that you don't get other chronic disease, like cancer and the diagnosis of diabetes or cancer can be a shock.

But there is this long period of about 10 to 15 years when the disease has been developing and it's very important to get the early stage of the disease, so that it can be reversed.

It's much smarter, not to wait until you're diagnosed with diabetes or cancer and to make the dietary changes right away.

Diabetes is a systemic disease, it affects each organ in our body, it affects our ability to burn calories to metabolize carbohydrates and fats, it affects our fat and carbohydrate metabolism, it also increases our risk of cardiovascular disease, by accelerating the atherosclerosis in our arteries and the process of hardening of our arteries, diabetes specific complications include: especially the kidney, the nerves, and the eyes, but it's not only these organs also our heart." - Dr Hana Kahleova, MD in "iThrive! Rising from the

Depths of Diabetes and Obesity", Docuseries, 2017.

"Type two diabetes diabetes accelerates atherosclerosis and therefore diabetics have a disease process that's the mother of all chronic diseases because since the circulatory system is all throughout the body and diabetes accelerates it so you have to worry about hearing loss, eye problems, memory loss, worry about strokes, heart disease, diabetes, kidney disease you know that's exactly what happens a diabetic has 18 times more kidney disease than a non diabetic.

A diabetic has 2 to 4 times more likelihood of developing heart disease and stroke. When it comes to diabetes the medication dosage increased more and more, and people because of the side effects of most of this medications gained more and more weight and has they gain more weight, they needed more Medication, and has they need more medication they begin to realize:

This is not a cure!

Medication is just putting a bandaid on this disease and these people would be patients of the doctors until they die. Diabetes is a mother of all diseases, because it takes your body down one organ at a time from the top to the eyes to the corner arteries to the kidneys to erectile dysfunction in men." - Dr Hans Diehl, Dr.H.Sc. in "iThrive! Rising from the Depths of Diabetes and Obesity", Docuseries, 2017.

"Harmful and can actually lead to increased morbidity and mortality, to the point that they've had to stop these studies early, because of it and so what are we accomplishing with these Medications is questionable... they lead to serious complications such as hypoglycemia so you can get very low blood sugar, and hypoglycemia can cause death, significant gastrointestinal disturbances.

Metformin remember our first line drug, has a rare side effect called Lactic Acidosis, which can be serious and life-threatening, it is very difficult to tolerate in term and causes

nausea, and can even cause vomiting. So these are not not benign medications many of them such as insulin actually leads to weight gain, and so it's this irony that you're treating someone's blood sugar with insulin to help them lower it, and in the process you they are gaining weight and actually increasing their insulin resistance, it's working at cross-purposes makes no sense." - Dr Anthony Lim, MD in "iThrive! Rising from the Depths of Diabetes and Obesity", Docuseries, 2017.

"You can still have a heart attack almost in any moment under medical care, and most people being treated by conventional physicians for their diabetes die of heart attacks, most people die of heart attacks and strokes, and then the diabetic also has increased risk of cancer, and increased risk of depression and they give you medications" Dr. Joel Fuhrman MD in "iThrive! Rising from the Depths of Diabetes and Obesity", Docuseries, 2017.

> *"None of these drug approaches address the cause of the issue" - Dr Joseph Mercola, DO in "iThrive! Rising from the Depths of Diabetes and Obesity", Docuseries, 2017.*

"Type 2 diabetes is 100% curable with weight loss but that's not the approach that the Medical Industry takes towards diabetes, and very few patients know that it's a curable problem type 2 rather they're taught and their doctors are taught the goal is to treat the numbers and so medications are given to people with type 2 diabetes to make their blood sugars and their long term blood sugar called Haemoglobin A1c's look better that's that's the goal of therapy many medications have been developed that lower blood sugar pills and shots are plentiful that lower blood sugar unfortunately they also have huge costs and huge side effects and they never cure the diabetes in fact it was shown by 6 major studies done and 3 of them were published in 2008 in the "New England Journal of Medicine" they compared treatment aggressive treatment with insulin and pills and so on. Talking about aggressive like checking your

Sugar's 4 times a day giving yourself insulin shots 4 times a day taking 3 or 4 different kinds of oral pills studies show this kind of aggressive therapy... all astray show that this kind of grass therapy hurts patients it increases the risk of death they gain weight they have more heart disease and there's no contrary evidence suggesting otherwise.

This was published in the "New England Journal of Medicine" 3 times in 3 independent studies the; Accord, the Advance and the Veteran Study in 2008 showing that Aggressive Therapy causes horrible harm but the that has not changed the practice of Medicine. Even with the failure of the side effects and the cost treatment of diabetes type 2 diabetes is still directed at making the numbers look better regardless of the health of the patient. The goal of every doctor, every community, every country, is to make people healthy! Not to make them, more medicated. It should be to make them more healthy, but that change, hasn't occurred, and it's clearly because of the money, treatment is motivated by by money, just like everything else in life, is money so the drug companies have responded to the negative publicity of the effects of their drugs, by paying for more studies which really show no substantial benefits to patients they still stay diabetic, they still suffer complications, different complications, and with different Medications. Right but it continues to be the standard of practice, because that's the financial foundation of the medical business, is treat, the more you treat the more you make, in terms of money, is the way we're set up.

The only way this is going to change, is to change the financial incentives, we need to have a medical system in the United States, like to in most of the world, a medical system based on universal care, healthcare, my opinion is everybody deserves the right to medical care, so under that scenario where everybody has medical care, and somebody takes responsibility, somebody looks at the books, we could see change, we could see people interested in the making their population healthy, they could see the financial incentive to it, but unfortunately the way it is now in the United States with medical insurance companies, the more

the hospitals and doctors do, more of the insurance companies make." - Dr John McDougall, MD in "iThrive! Rising from the Depths of Diabetes and Obesity", Docuseries, 2017.

"Type 1 diabetics have tremendous morbidity, and early mortality, covering yourself with enough insulin, see glucose is unfavourable, because you want up taking too much insulin and the excess insulin is just as bad as the high glucose, and that's what the Accord study showed, shows excess Medication which lowers your sugar more favourably is just as bad as having the high sugar." - Dr Joel Fuhrman, MD in "iThrive! Rising from the Depths of Diabetes and Obesity", Docuseries, 2017.

Chapter 14

Psychiatric Drugs

"A merry heart doeth good like a medicine: but a broken spirit drieth the bones." - Proverbs 17:22

"For this people's heart is waxed gross, and their ears are dull of hearing, and their eyes they have closed; lest at any time they should see with their eyes, and hear with their ears, and should understand with their heart, and should be converted, and I should heal them. But blessed are your eyes, for they see: and your ears, for they hear. For verily I say unto you, That many prophets and righteous men have desired to see those things which ye see, and have not seen them; and to hear those things which ye hear, and have not heard them." - Matthew 13:15-17

"I have been discouraged with the ordinary drug trade as a source of physician's supplies. Medicines are made and sold without any regard to their efficiency, but for the money that can be made out of them. As the result of this the practice of medicine is uncertain, and the physician's supplies cost him treble what they should." - Dr John M. Scudder, MD in "Eclectic Medical Journal, 1869"

"Children from low-income families are four times as likely as the privately insured to receive antipsychotic medicines. In one year alone Texas Medicaid spent US$96 Million on antipsychotic drugs for teenagers and children, including three unidentified infants who were give? the drugs before their first birthdays." - Dr Bessel van der Kolk, MD in "The Body Keeps the Score: Mind, Brain and Body in the Transformation of Trauma", 2014.

"There are no lifetime studies, I mean, one of the more recent approvals in the FDA of a stimulant for so called Attention Deficit Hyperactivity Disorder (ADHD), was 3 weeks long. So then you're gonna say give it for months or years, or a lifetime? And why are the studies only 3 months long? The drugs don't work. They're all neurotoxins. So after a few weeks the patients get worse. So you can't carry the studies beyond a few weeks.

This is such a giant fraud." - Dr Peter Breggin, MD in "Overpill, When Big Pharma Exploits Mental Health", 2017.

The view of Dr Peter Breggin, MD an American psychiatrist and critic of psychiatric medication.

Here we give some of his reasoning on the subject matter:

"Psychiatric drugs are much much more dangerous than you ever ever been led to believe by the doctors who are prescribing them. I genuinely believe that if most people knew how Dangerous the psychiatric drugs really were. Most people would never start on them.

And I also believe that if most prescribers had even the faintest idea how dangerous they were they'd stopped prescribing them. Well how is it that some people can be ignorant about psychiatric drugs, well the truth is because they're all getting the information from the drug companies. I can tell you the drug companies go to all kinds of extremes to avoid letting you know and letting your doctor know how dangerous the drugs are. I know this because I've been a medical experts in dozens of lawsuits against drug companies I've looked inside drug companies. I known as much as Anyone about how dangerous the drugs are.

Stimulants

Follow up studies on people who where started on stimulants as children show that they have shrinkage of brain tissue, measurable on brains scans. They have reduced height and weight. They're being incarcerated more often than other People, they go to mental hospitals more often.

Their suicide rate is increased. Every single one of these facts documented by follow up studies of what happens to you if you get started on stimulants. And one particularly well done study, rate of cocaine abuse is greater. When you become a young man or woman if you have been put on stimulants as a child that's because this stimulant drugs are so similar to cocaine in their effects.

Sedatives Sleeping Pills

Used for sleep. We now have two or more good studies showing that they shorten lifespan.

Tranquillizers

People taking Xanax in controlled clinical trials. After a mere six weeks of a large percentage can't get off, during six weeks they become addicts to Xanax." - Dr Peter Breggin, MD

The studies that Dr Peter Breggin, MD alludes to are documented in the book "Psychiatric Drug Withdrawal: A Guide for Prescribers, Therapists, Patients and Their Families", 2012.

Sedatives are those compounds of the nature that are only tending to clog the body system, and are not curative forces at all.

Polypharmacy

"How effective is the current treatment model that answer began to trickle in in 2007, when the Star D trial which was sequenced treatment alternatives to relieve depression, when that was published in 2007 it was pretty much a shock to the psychiatric community. And what they found that what they did first of all is they try to mimic a real-life clinical situation so people come into the clinic and they get treated for depression and they'll be treated with Medication, and if that doesn't work then you'll add on another Medication, well you give them psycho cognitive behavioural therapy, if that doesn't work you might add another Medication from a different class. So if you're using an SSRI, you might use instead of a serotonergic Medication, might use an adrenergic Medication, and then the last step might be that you would add two more Medications.

In 2008 a year after the Star D study came out, an article

was published in the New England Journal of Medicine by Eric Turner, which was really a second nail in the coffin, it showed that the Evidence Base was flawed, so if you were a clinician, a primary care physician reading the literature you'd say antidepressants really work well, turns out that, out of 74, FDA approved studies only the positive studies were published, the drug companies held back these studies.

	Before 1980	**1981-1990**	**1991-2000**
Psychiatric Polypharmacy	52%	69%	80%

Another piece of evidence that our model isn't working is Polypharmacy before 1980 in the general psychiatric community 52% of the patients were subject to Polypharmacy by the decade of the 1990s, 80% were subject to Polypharmacy and in 2005 to 2006, 1/3 of patients psychiatric patients were taking 3 or more medications. Now the question is why?

Bottom line all this evidence tells us, what Thomas Roland Insel (Director of National Institute of Mental Health 2002-2015) said, antidepressant medications appear to have a relatively small effect in patients classified as having depression.

The Current Model

We have limited recovery, we have comorbidity and chronic illness and we have quality of life problems." - Dr Robert Hedaya, MD, in "Functional Medicine for Depressive Disorder: Advances in the Treatment Paradigm", 2016.

Psychiatric Profession

My parents separated around 5 years of age, after their separation I was taken to live with my mother, she then informs me that when I was a child the Psychiatric at the

nursery school told her that when she asked me: "Who do you like the most, your mother or your father?", that I replied "I like them both equally, the same", she then told my mother that I (her child) was cynical, and said that "I should have replied that I love my mother more".

This is a clear example of the provocation of intrigue that the totally useless Psychiatric so-called profession is. Psychiatric as a profession should not exist, Counselling as its place but not Psychiatric, the world will be a better, and much safer place without it. Useless Psychiatric is both dangerous and dysfunctional. In another case there was a woman who after separation from her husband she went into depression, and recurred to a psychiatric, she was told that her ex-husband probably wants to kill her, further instigating mental depression and paranoia.

Needless it is to say that she was at once placed under several psychiatric drugs which like all drugs are toxic and poisonous to the system. Her condition got worse while taking these drugs and only got better when was advised by friends and family that the reality is much different than that painted by the medical trade and that she should stop taking medical trade drugs if she wanted to get well. She immediately stopped medication and got well. On another case, a few years ago I asked an individual who had stopped taking Psychiatric Drugs, why he has done that, he told me:

"They made me feel bad, every-time I was taking them, I felt worse".

Last time I visited him in his house, his phone rang, when I picked up the phone it was a call from the Psychiatric at the local hospital calling him to come to the hospital for consultation.

This was a business call of the medical trade, the intention and the motivation for such calls is to generate profit, not to aid the individual, there is no profit for any individual to ingest Chemical Toxicity in the form of pills or medication. His case, was: at birth he had a delay during birth, there was a moment of no oxygen, giving rise to a post mature birth.

When he was a child Medicine Doctors said he had Dyslexia, when he grew up the Medical Doctors changed their diagnosis and said that he has mental immaturity.

A good reference book on the effect of taking psychiatric medication is found in the book: "Medication Madness", 2008 by Dr Peter R. Breggin, MD, he describes how people taking psychiatric medication can experience abnormal behavioural reactions, including suicide, violence, emotional breakdowns, and criminal acts.

6,3 million Americans are taking Anti-Depressants right now

"Advertising campaign going on to sell Depression to the American public we have Prozac impacts Illinois all of these drugs advertising. The Government does campaigns "Depression Awareness Week" that's a selling campaign and the managed care companies would like us not to be doing counselling, they would like exactly what's happening: A shift to using drugs more and more.

And even having more GP's and family doctors.

If I take Prozac tonight what's gonna happen to me?

Its very unpredictable it's going to take your brain which is in a normal biochemical imbalance, and make it very abnormal, it's going to jack up one of the neurotransmitters systems called serotonin, the effects can be rather rapid, the bad effects which a lot of doctors don't now and you could very quickly develop: Anxiety or some Agitation you could have a feeling that your body is has strange feeling in it. Eventually over a period of weeks the drug will sometimes make people Emotionally Numb ever sometimes make them feel artificially better. But it isn't going to get to the heart of depressions.

Which is a Human Experience that has its reasons behind. I just have finished with the case that we've resolved, of a man who got so out of control that he drowned his two

children but self in a bathtub very much like Andrea Yates. Some "people take them and you talk to them and they say that but they think maybe they're better but they're not sure that doctor says they have to be on them them so much hype and depression responds to any kind of hope or encouragement people think of what is depression it's hopelessness it's dis-pear so you taken a medication you're hoping it's doing better but if you look at the real studies with hardly any better than a sugar pill and much more dangerous that.

Well I differ from the central position in psychiatry right now but I don't think it should be viewed as a medical problem now fewer suicidal and you want to die and you can't get out of bed you have a very serious emotional spiritual crisis going on that could be handled in many ways that I think are better than adding a problem to your brain is religion their spiritual counseling this psychological there is family is finding a new way and no meaning in life. It's really about life and we are changing it into something about biochemistry without having the scientific basis for that. I think it's in the eye of the beholder and of the prescriber and simply because somebody becomes less. Specially on happier dis bearing doesn't mean it becomes an illness, there is something else I need to add which is stopping these drugs is dangerous too so I don't want people running out and stopping them I've seen a number of cases where people have stopped the new drugs abruptly like Paxil, they've gotten violent they've gotten agitated." - Dr Peter Breggin, MD in "The O'Reilly Factor", 2002.

A well known cases is that of Katinka Blackford Newman in England the author of the book: "The Pill That Steals Lives, One Woman's Terrifying Journey To Discover The Truth about Antidepressants", 2016. Here Katinka gives the vivid and horrific account of the results of using Poisonous Synthetic Medication. In her site www.thepillthatsteals.com, you may find a list with cases of those who lost their lives to Anti-Depressant Drugs, and another list of brave individuals who managed to get out of Anti-Depressant Drugs and

reclaimed their lives back. The problem with both Medicine and Medication is well-known, and often the printed media actually publishes such evidence. Such was the case of an article published by Professor Peter Gøtzsche on the "Daily Mail", 15 September 2015, with the following title:

> *"Prescription Pills are Britain's Third Biggest Killer: Side-effects of drugs taken for insomnia and anxiety kill thousands. 80 million prescriptions for psychiatric drugs are written in UK every year, Psychiatric drugs are the third major killer after heart disease and cancer."*

7 million in England taking Depressants

In England 16% of its adult population is under pharma medication for depression, a total of 7 million people, from a population of 55 million, from these individuals half of them suffer severe side-effects from medical drugs, these numbers are based on the report by "The All Party Parliamentary Group for Prescribed Drug Dependence", 2018.

A Person can Slip Into A Coma and Die

"After taking psych meds for 16 years, I can honestly say I've given traditional psychiatry and allopathic medicine a fair opportunity to bring balance to my brain. My psychiatrist presented me with an antiquated tale that I had a brain chemistry imbalance to explain my anxiety disorder, which, he said, is why I drank alcohol to self-medicate prior to getting sober. At the time, it seemed to make sense. I bought it. So up the dose we went, switching meds when I maxed out on the doses of one antidepressant or he would add an additional brand of antidepressant.

At one point he switched me from Effexor to Zoloft because the Effexor created mania-like symptoms. By 2013, I was on 200mg of Zoloft and 300mg of Wellbutrin. There was never a discussion about the risks involved with using antidepressants as a long-term treatment strategy to deal

with anxiety and depression. When I asked my doctor about tapering off meds, he said: "The dose that got you well, will keep you well."

I don't know why I believed him. However, the longer I took these drugs, the more episodes of depression I experienced and they lasted longer. After serious reactions to the first two mood stabilizers, I started to wonder if I should listen to the wisdom of body. I refused to try Risperdal because I heard bad things about its side effects. I also didn't want to try lithium because of the possible risk of weight gain and cognitive impairment. Plus lithium can damage your kidneys and cause problems with your thyroid, and at high doses, a person can slip into a coma and die." - Michele Waterman, in "The Breaking Point", 2018.

Psychiatric Medications Are Not What We Are Told They Are

"I used to be a card-carrying pharmaceutical dispenser. I thought that I was helping people when I wrote prescription after prescription throughout years of medical training. It wasn't until I had a lived experience of radical healing that flew in the face of all of the medicine I had been taught, that I went back to the books to see what other scientific narratives existed. Doctors prescribe medications that move symptoms around like a whack a mole game. Because when you suppress or distort a symptom, it doesn't actually resolve. I learned that psychiatric medication can perpetuate the very disability that it purports to resolve. In other words, you are worse off taking it than not." - Dr Kelly Brogan, MD in "An Open Letter", 2017.

Treatment of Mental Health by Hydropathy

"Hydrotherapy is recognized as one of the essential requisites to the most satisfactory treatment of mental troubles. We would not minimize its positive action but will

say that we regard its negative more valuable than its positive force. That is because the use of hypnotic and sedative drugs for the control of maniacal and delirious states is far too prevalent. These drugs in most cases of mental disease are positively injurious. The maniacal condition and the delirious symptoms encountered among the insane are frequently due to intoxication induced by this class of medicines. It is surprising how much experience is required on the part of the physician of average, and we may add, of more than average intelligence, to learn that many of the symptoms which develop in the course of a psychosis may be due to the cumulative action of hypnotics administered, perhaps for the relief of insomnia.

The medical adviser, not recognizing this, keeps on administering in increasing amounts the agent that gives rise to the delirium. Hydrotherapy enables one to dispense with the use of hypnotic drugs in many cases, where without the water treatment he would feel constrained to resort to them. I do not believe we can give an accurate account of the benefit that this Hydrotherapeutic work does in our institutions. So many patients have improved so much and so rapidly under this treatment, that there can be no doubt about the results. It seems to me, any one associated with this work, cannot help but feel that hydrotherapy is one of the most important factors in treating the insane." - in "Bulletin of Iowa State Institutions", Vol.20, 1918.

"Diet and above all antiphlogistic (to reduce inflammation) one, regimen, specially exercise of the body, warmth, loosening of the bowels, now and then an emetic: among which if they were used, warmth was likely to come first. We find these recommendations by the Hippocraties for curing the insane." - Dr Smith Ely Jelliffe, MD, "Notes on the History of Psychiatry", Alienist and neurologist, 1917.

"The various forms of toxic insanity produced by drugs and

stimulants are well known." - Dr C. Spencer Kinney, MD, in "Auto-Intoxication, Overstrain, Exercise and Bathing", 1905.

The Case of Eleanor Riese (1943-1991)

Eleanor Riese took the medical trade to court in 1987 over pharma drugs given to her without her consent.

At the time of her trial she had been in and out of psychiatric hospitals for several years preceding her case.

During her stay at St. Mary's Hospital and Medical Center in San Fransisco, Riese's lawyers argued she developed physical symptoms caused by antipsychotic medication she did not consent.

This case was a class action suit brought in the name of patient Eleanor Riese by the California American Civil Liberties Union.

Case No. A034048,
Decided: 16 December 1987

"Appellant Eleanor Riese, on behalf of the class of patients institutionalized under sections 5150 and 5250 and given antipsychotic drugs over their objection, brought a petition for writ of mandate seeking a determination that the patients informed consent was required before such drugs could be administered.

Appellants contend that California statutes, common law and constitutional guarantees of privacy and freedom of speech give them the right to refuse antipsychotic drugs.

Section 5325.1 generally states that "persons with mental illness have the same legal rights and responsibilities guaranteed all other persons by the Federal Constitution and laws and the Constitution and laws of the State of California" and then sets out a nonexclusive list of rights

including:

> *"[a] right to dignity, privacy, and humane care" (§ 5325.1, subd. (b)) and "[a] right to be free from harm, including unnecessary or excessive physical restraint, isolation, medication, abuse, or neglect.* ***Medication shall not be used as punishment, for the convenience of staff, as a substitute for program, or in quantities that interfere with the treatment program.*** *" - in (§ 5325.1, subd. (c); see, §§ 5005, 5327.)*

Involuntary patients who are receiving medications as a result of their mental illness must be given, as soon as possible after detention, written and oral information about the probable effects and possible side effects of the medication, and must be told the reason the medication is being given or recommended, the likelihood of improving or not improving without the medications, reasonable alternative treatments available, and information concerning the name, dosage and frequency of medication".

Statement of Facts

"Appellant Riese has a history of chronic schizophrenia. She was first hospitalized in 1968, at age 25.

In 1969, an internist prescribed the antipsychotic drug Mellaril; appellant showed immediate improvement, moved into her own apartment and was not hospitalized for approximately 11 years.

By 1981, however, appellant had developed bladder problems associated with long-term use of Mellaril.

Her medication was changed but she decompensated to the point that she had to be hospitalized for 2 weeks in 1981.

She was rehospitalized in 1982 and placed back on Mellaril on the theory that her bladder was already so damaged that more or less Mellaril would not affect its potential recovery.

In 1984, appellant switched doctors and was placed on

Moban, which did not help her symptoms.

She then stopped seeing the doctor, decompensated and was hospitalized.

Appellant was admitted to respondent hospital as a voluntary patient on 12 June 1985, for an acute exacerbation of chronic schizophrenia.

According to the report of the initial consultation, she had previously been treated with Mellaril but had not been taking the drug for five weeks.

According to two psychiatrists who reviewed her records, appellant's failure to continue this medication was not the cause of the increasing agitation and anxiety, hallucinations and paranoid ideation that led to her hospitalization.

Upon admission, appellant signed a voluntary inpatient's consent form for antipsychotic medication, indicating that she had been informed of the nature of the drugs and their possible side effects and understood her right to refuse the drugs.

The form specified the drugs Mellaril and Cogentin. On June 16, appellant consented to have her medication changed to Molindane (Moban).

On 17 June, the medication was changed to Navane, this time without execution of a consent form.

On 18 June, appellant was switched back to Mellaril, at an increased dosage.

Appellant complained that Mellaril made her sleepy but agreed to take 100 milligrams 4 times a day.

The next day she complained of dizziness and dry mouth and insisted that the staff had given her too much medication.

When appellant became more agitated and refused medication she was forcibly injected.

At this point, on 19 June, appellant was made an involuntary patient under Welfare and Institutions Code section 5250, on the ground that she refused medication and became violent, was unable to cooperate with treatment and was actively psychotic.

Thereafter, appellant was apparently switched back to Navane and given medication intramuscularly when she

refused to ingest it orally.

Appellant complained that Navane had adverse physical effects (dermatitis and swelling of the ankles) and at one point agreed to take Mellaril in order to discontinue the Navane.

On 26 June 1985, it was recommended that a conservator be appointed for appellant, who was assertedly unable to provide for her own food, shelter and clothing and delusional about medication and therefore unable or unwilling to accept voluntary treatment.

On 10 July appellant was discharged to a board and care home, but she did not do well and was readmitted to the hospital on 12 July.

Her medication was changed to Serentil, with orders providing for intramuscular injections if she refused.

Appellant continued to suffer from swollen feet, urinary problems, shaking, memory loss and seizures.

While appellant attributes these problems to her use of medications, respondent contends that appellant was delusional about the medications." - Docket No. A034048. 209 Cal.App.3d 1303 (1987), 243 Cal. Rptr. 241, Court of Appeals of California, 1st District, Div. 2., 16 December 1987.

A movie with this woman true story entitled: "55 Steps", was released in 2017, bringing awareness to the deadly effects of pharmaceutical drugs upon both mind and body and which can lead to early death.

The movie states that Eleanor Riese died at the age of 47 due directly to the negative effects of psychiatric drugs.

This serves to remind all of us that Medicine, all Medical Pharmaceutical Drugs come with a price.

Medical Drugs cause havoc with the central nervous system, pollute the blood stream, which in turn needs to be cleansed by both the liver and kidneys, in which by the

act of blood filtration Medical Drugs substances foreign to the blood stream and body, start to build up and damage both the liver and the kidneys which then lead to organ failure, and organ failure means death.

Thus it is seen that Medicine and medication come with a price, and that price is either bad health or early death.

Chapter 15

Mercury Used by the Medical Trade Is Extremely Toxic, Poison to the Human Blood, Causes Damage to Brain, Kidneys and Lungs

"Among the numerous poisons which have been used for the cure or alleviation of diseases, there are few which possess more active, and, of course, more dangerous, powers than mercury". -

Hamilton

“Physicians have been tinkering the constitution for about two thousand years, to cure diseases; and the result of all their discoveries is, that brimstone and mercury are the only two specifics. Diseases remain what they ever were”. — Lacon

"He, who, for an ordinary cause, resigns the fate of his patient to mercury, is a vile enemy to the sick; and if he is tolerably popular, will, in one successful season, have paved the way for the business of life; for he has enough to do ever afterwards to stop the mercurial breach of the constitutions of his dilapidated patients." - Dr Chapman

“Mercury in its crude state is perfectly harmless, but united with other compounds is extremely deleterious. As Buchan says, you may give of the crude mercury several ounces but not more than a pound at a dose; and he also advises if it does not act by gravitation the patient should be turned heels upwards, that it might come back again. Mercury has been represented as the only remedy for a torpid liver, losing sight of the fact that such a state too often results from a previous disease generated in the system and produced by the administration of injudicious remedies. How often do we hear it said, I have never been well since such and such a fever! The very mercury itself will produce the torpidity of the liver. Some writers declare that calomel may be administered in any stage of disease; surely then I may administer cayenne pepper in every case. Mercury is so deleterious in its effects as to have been known to remain in the system for years, and one author remarks that "it serves only to diffuse the seeds of debility through the whole system; some prefer a poison, and because it is not quite so nauseous choose mercury that frequently occasions mischief never to be remedied. The improper or excessive use of many medicines may be

recovered from, but not so easy a thing is it to remedy mercurial oxides, for they affect the constitution in a peculiar manner." - Dr Albert Isaiah Coffin, MD in "Medical botany a course of lectures delivered at Sussex Hall", 1850.

"It seeming impossible, in any other manner, to properly restrict the use of this powerful agent (calomel), it is directed that it be struck from the Supply Table, and that no further requisitions for this medicine be approved by the Medical directors. Tartar emetic is also struck from the Supply Table of the Army. No doubt can exist, that more harm has resulted from the misuse of both these agents, in the treatment of disease, than benefit from their proper administration." - Dr. Hammond, Surgeon General U.S. Army, Washington City, 4 May 1863.

Calomel (Mercury Chloride)

"When the famous specific calomel was introduced and universally used by the profession, it promised to be a complete panacea for the cure of diseases, it was in fact used on almost every occasion, and truly has it proved a Goliah in slaying its thousands! Time it is that the superstructure of the medical profession were destroyed and an edifice more worthy of the age erected upon its base, that the cobwebs of past ages should be swept away, and that knowledge should be permitted to diffuse its rays and disperse the ignorance which has so long held despotic sway.

This will not be effected without a struggle. The humble instrument in the achievement of such an object will ever be subject to calumny, misrepresentation, and reproach, but the principles on which our system is founded are based on truth. He that possesses truth incurs a responsibility, and he is bound to propagate it for the benefit of his fellow creatures, but if he fails in performing this duty lie deserves to be scouted as much as the man that fosters and

propagates error, and lives on the ignorance of others.

Coming to London, as I have done, a perfect stranger, and yet receiving so many tokens of approval of the principles I advocate, is sufficient testimony that they are bidding fair to be soon fully appreciated, and that the public have ample proof there is no delusion. As it regards the use of poisons, there can be no question but that which destroys life can never be beneficial to the human frame. Man may escape the directly pernicious effects of poison on his frame as the debilitating effects of depletion, but is he prepared to say how far the deleterious nature of those remedies are affecting that system?

An extra dose of arsenic produces the most dangerous results in a quarter of an hour after, sickness, distress of stomach, thirst, burning heat in the bowels, violent vomiting, severe colic pains, excessive painful purging, fainting, cold sweats, cramps and contractions of the legs and thighs, extreme prostration—death!" - Albert Isaiah Coffin, MD in "Medical botany a course of lectures delivered at Sussex Hall", 1850.

The Effects of Mercury

"The constitutional effects of mercury, as we know by its power to salivate, and as might reasonably have been inferred from the following experiment which I made on a cat many years ago with sulphat of lead, conceiving from the statements of Orfila and others that the insolubility of this substance would have prevented constitutional effects.

I found, however, after the cat had been made to eat bread and milk with which sulphat of lead was mixed for some days, that a decided palsy of the limbs took place to my dissatisfaction, and the poor animal, in a state of half-delirium, committed a sort of suicide by jumping out of an open window. After such experiment, I cannot have faith in sulphat of soda, which is still recommended in medical works, as an antidote for poison by the salts of lead, on account of its forming an insoluble sulphat. This may, perhaps, be one step better than leaving the soluble salt; but

a far better step is to get it all out of the body as soon as possible. Neither should I employ tartarised antimony as an emetic until ipecacuanha and all other vegetable emetics had failed." - Dr. Horatio Prater MD, in "On the Injurious effects of Mineral Poisons in the Practice of Medicine", London 1848.

Please see accompanied poster to this book:

"The Fallacy of the Organic Theory of The Medical Trade, Illustrated by Hy. Credit: Science Museum, London."

Dr James Morison, MD (1770–1840)

"I have been induced to incorporate the above remarks on Morison's vegetable pills in the present work.

1. Because I have tried their effects on myself and found a beneficial peculiarity in them;

2. Because Morison has repeatedly stated on his oath that they contain no mineral admixture; and, lastly and chiefly, Because Morison has been (as far as I know) the first man in this country to object to the exhibition of poisons in medicine. I think Morison entitled to the thanks of the public for the objections he has printed against the use of poisons in medicine. Without professing to be a man of science, which he was not, he had sufficient common sense to see the uncertainty of medicine and sufficient moral courage to bear the opprobrium of "quack," or any other appellation.

I do not hesitate to say, that if I were compelled to choose between a physician who is in the habit of giving at least any mineral poisons and trusting to Morison's pills for constitutional disease, I would not hesitate to give the preference to the latter; and if I ever consented to take mineral poisons it would only be when Raspail's plan, mesmerism, hydropathy, homoeopathy, and every other had

failed. But I do not think that the misery and misfortune of even the most malignant disease would ever induce me, Even Then, to give it a trial, for it is a system so contrary to all sound views on physiology.

I am not going to contradict the testimony of many medical men as to the disappearance occasionally of diseases during the administration of these poisons; but what I say is, Have you seen your patient 6 or 7 years afterwards? is he not of an unhealthy aspect? and has not the poison sown the seeds of another chronic disease?

As Alexandre Dumas says:

> *"Water your cabbage with a weak solution of arsenic, and let an animal eat your cabbage; give then the animal to your friend to eat, and you will not the less poison him because you have done it by an infinitesimal dose, because by this means (the ancient method of slow poisoning) you have produced a chronic disease, the origin of which even the wisest of the faculty could not have divined."*

There are enough chronic diseases without our adding to their list by the administration of poisonous minerals.

Bleeding: We have already seen that Raspail, by his eau sédative, dispenses with the use of the lancet. Neither the homoeopathists nor Hydropathists bleed.

Dr. Dickson, in his amusing work, the "Fallacies of the Faculty (1845, pp.14, 194), gives a table to shew that out of a certain number of cases more recovered who were not bled than who were bled, even in apoplexy. The late Sir G. Lefevre also considered, and no doubt properly, "that large bleedings tended to produce dropsy and chronic affections."

To give Morison his due on this point too, it must be admitted that he seems always to have opposed bleeding; and Mr. Tothill, member of the Royal College of Surgeons (who practises on Morison's plan), gives many cases of acute

inflammations cured without bleeding. At the same time Dr. Dickson was, however, probably the first who shewed the advantage of the non-bleeding system by tables.

Venereal Disease: It is difficult to get this complaint out of the system when once in; many secondary symptoms, which withstand the routine practice of decoction of sarsaparilla, are benefitted by the cold-water cure, i.e. by the sweating part of this plan. I shall here make a few remarks on the prevention of venereal diseases. We have seen that Raspail recommends finely powdered camphor, and states that, by the use of this, a party he knew voluntarily exposed himself to many bad cases of infection without contracting the disease. It would be as well, however, to use the camphor in a less dry state, as in certain constitutions it might cause a degree of inflammation, as it always produces more or less of a burning sensation when applied to mucous surfaces. I have in a former part of this work stated my aversion to the use of mercury in all its shapes, and if asked how I would supply its place, I answer by extract of taraxacum or dandelion.

This acts on the liver, and promotes the secretion of bile; and if it does not succeed in certain cases, horse exercise, or, if objected to, jumping, will be found of certain operation, at least, in most cases in which medicine can avail.

Hence it never can be justifiable to use mercury in any disease. I still hope to see mercury banished from rational medicine, even in these rare cases, in a year or two, by further experiments on the non-mercurial treatment of primary syphilis. Enough has been said above to shew my bad opinion of that medical practice in which the use of metallic poisons is allowed; it is almost superfluous to state, therefore, that I would wish to have them excluded as rigorously from our food and drink.

For this purpose, it would not be useless to have a sort of "travelling" chemical professor, whose office should be to analyse the water of our public companies, and see that it was free from lead and even zinc in this iron-zincing age. An Edinburgh professor some time ago shewed that water in

particular circumstances takes up an appreciable portion of lead. If, then, our travelling professor were not allowed to journey into people's houses to inspect the cisterns and kitchen utensils, he certainly ought to be allowed to see that water enters there free from mineral poisons.

Dr. Girtanner, only a few years ago, very properly expressed his belief that life was at present shortened in consequence of our being obliged to take in more or less lead, copper, and tin, with our food and drink. (Dictionnaire Infernal, art. Girtanner, p. 253.) What, then, will be said when we also take these poisons wholesale, by way of physic?

Let us hope from this time forth we shall hear no more of lead, antimony, tin, bismuth, zinc, arsenic, or scarcely even mercury, as medicines, indeed.

Talk about medical reforms in charters and increased exclusiveness: let us begin at the beginning.

The Pharmacopoeia wants its point as well as its purgative; and until it is thoroughly cleansed of all its extraneous metallic matters except iron (which Nature herself admits there, since she has placed it in our very blood), I should consider a law which would oblige men to live or die by the recipes of some of my medical brethren, though they be legally qualified men, as similar **on the part of the government to licensing a system of slow poisoning**.

I repeat we are obliged to work in the dark in medicine, and that Morison's vegetable pills may succeed when most other medicines have failed, or Morison's pills may fail when other nodes of treatment may succeed.

Under such circumstances, at least let us do as little harm as possible, and not pretend to teach Nature, by putting metals into the body which she has not put there herself." - Dr. Horatio Prater MD, in "On the Injurious effects of Mineral Poisons in the Practice of Medicine", London 1848.

> *"Dead flies cause the ointment of the apothecary to send forth a stinking savour: so doth a little folly him that is in reputation for wisdom and honour." - Ecclesiastes 10*

How Mercury First Became to be Employed as a Medicine

"Treatment always, more or less, modifies symptoms when it does not cure them; and, in the present instance, where that was of such a nature as to have very early created a belief that many symptoms attending the venereal were produced by the very medicine employed for its removal, the investigation becomes one of equal interest and importance.

How Mercury First Came to be Employed in the Cure

It may surprise some, as it did the writer, to find that mercury was had recourse to almost from the very first appearance of the disease in Europe. It is true, we are told, that in the beginning medical men fled its presence, not knowing what to do, and abandoned its treatment to the charlatans of the day; (* Benedictus, after saying that the disease proceeded from the west, tells us that a set of empirics came from the same quarter, visiting the infected towns, and making much money by it. "Ex occidente venere empirici, qui magno quaestuurhes circumierunt id tantum profitentes."—De Part. ii. c. 21) but this could not have lasted long, nor even have been at any period a universal practice, for we learn from Benedictus, that in 1495, that is to say, one year after the first-recorded outbreak of the venereal in Italy, he had used mercury for its cure, even to the exciting of salivation. **

Certain of the pernicious effects of this medicine were well known to him, for he speaks of its loosening the teeth, and of some becoming tremulous and paralytic in con sequence of its use. The latter fact is instructive, inasmuch as it shews the poisonous extent to which its employment was early carried. Pliny calls mercury: "the impostume of the eternal fluid, and the poison of all things;" ("Cujus vomica liquoris aetermi argentum vivum appellatur, venenum

rerum omnium."—Lib. xxxiii. c. 6.) but, in saying thus, he speaks of the pure metal itself, for in the same chapter he tells us that certain physicians in his time used minium, calling it cinnabar, which was a poison, as he would shortly demonstrate. Nevertheless, although from this passage of Pliny it cannot well be doubted that mercury was employed as a medicine by the ancient Roman physicians, we henceforward can find no further vestige of the circumstance until we come down to the period of the Arabians; and to them certainly it is that we are indebted, if debt it be, for its first introduction into use in Europe. Mercurial preparations were much used by the Arabian physicians in several cutaneous complaints, especially of a scabby character; and, as the original characteristic of the venereal was the appearance of scabs and pustules over the body, we thus perceive the analogical reason which first led physicians* to resort to the same remedy in syphilis.

The employment of mercury in curing the disease continued in Italy and the rest of Europe, with the exception of Spain, for above twenty years, when a new remedy was introduced from the latter country that, among regular practitioners, entirely superseded it.

Then it is that we observe medical men becoming sensible of the injurious consequences of their former method of cure by mercury; and contemporaneously we find authors first beginning to notice, without seeming aware of the cause, the abatement in the severity of the symptoms of the disease.

The mass of testimony on both matters is too voluminous to be cited at large; but with such evidence and facts before them, it is a circumstance for just surprise to find medical practitioners of a later day reverting to the use of mercury for the cure of the venereal, and carrying it to greater excess than ever.

Nay, the more obvious the injuriousness of the remedy ought to have become, despite all, it, like a Titan, arose re-invigorated from its very discomfiture. It is thus we read of persons being salivated five, seven, and even eleven times without being cured, the practitioner the meanwhile never suspecting that he was creating a disease instead of

combating it, attributing the inveteracy of the case to its malignant nature instead of to his own pernicious practice.

Of its being superseded by Guaiacum

The practice of curing the disease by mercurial inunction continued, as has been said, until superseded by guaiacum, an event in the treatment of the venereal which first fairly established the important fact that it could be perfectly cured without mercury. Schmaus is particular in his directions for making a decoction of the wood. On straining off the liquor more water was added to the boiled wood, to form what was called "the minor water," which was drunk at meals, and as common beverage; while the scum that came from the first decoction was applied as a dressing to the ulcers. As a general rule, Schmaus observes that the stronger the decoction, and the more of it drank, the more speedy and effectual the cure. The morning dose was drunk warm, and the patient remained well covered up in bed for two or three hours, in order to encourage sweat: the same was done in the evening, and the more they perspired, the sooner they got well. As to diet, he recommends that which is tender to digest, such as chicken, capon, partridges, and the flesh of young animals.

His only preparatives were purges.

Guaiacum was also given in the solid form: the wood was powdered and sifted, and mixed with a sufficient quantity of syrup so as to make an electuary: of this a spoonful was taken morning and evening, which, if continued for thirty days, restored the patient to his pristine health. Musa Brassavolus mentions that the native Caribbeans ate the fruit of the guaiac tree to cure themselves; 8 of the fruit were eaten at dinner, and as many for supper, and in thirty or 40 days they were freed of their pains and pustules.

It is manifest from the manner in which Schmaus treats of guaiac, that its power of curing the disease, as well as the best method of administering it, were perfectly understood in his time. The use of guaiacum in the cure of the venereal

continued, to the exclusion of mercury, up to the time of Fernelius, who was as warmly devoted to the former as he was hostile to the latter of these remedies.

Nor was his contemporary, Fallopius, less prejudiced in favour of the cure by guaiacum, applying to it the epithets: "regia, certa, et tuta", royal, reliable, and safe. After the time of Fernelius, medical men appear to have gradually reverted to the mercurial plan of treatment. Indeed this practice never had been abandoned by the empirics of the day, who, from finding it more profitable, did not scruple to sacrifice their patients health; perhaps partly from ignorance and prejudice, but still more for their own gain. Among the older writers, we have no better treatise on the venereal than that of Fernelius. He describes the operation of guaiacum to be that of exciting perspiration, promoting urine, increasing the secretions, and strengthening the tone of the stomach; and that it removes nodes and pains, and heals pustules and ulcers, whether venereal or cacoethic: for which admirable properties, he observes, many had named guaiacum the lignum sanctum, or holy wood. Before concluding the subject of guaiacum, I may quote a testimonial to its virtues from a late celebrated writer, who, despite a strongly bigoted prejudice in favour of mercury, has, in the endeavour to support his opinions, furnished evidence to confute himself.

> *"Those favourable reports, of the virtues of guaiacum, which maintained their credit through more than two centuries, were not founded merely on the frail basis of partiality or prepossession; they were supported by well-attested narratives of its good effects in great numbers of in stances, where no mercury had been employed, or where that medicine had done no permanent good."*

Nevertheless, this was not sufficient to convince our author, although, in a subsequent passage, he admits the efficacy of guaiacum and diaphoretic medicines "where no mercury had been previously employed; and that primary

as well as secondary symptoms, resembling those of lues venerea, have been cured by them."

Of Sarsaparilla

The exact date of the introduction of sarsaparilla into practice as an anti-venereal, cannot now be ascertained. Nicolas Massa is the first whom the author has been able to find noticing it, in combination with the lignum Indicum, or guaiac.

This brings the period down to 1532.

Jerome Benzoni also speaks of it in his Novae Novi Orbis Historiae. He tells us that it is found in Puna, and on the confines of Guasaquil (Guayaquil), and describes it as being branchy, with leaves like the oak; and that it was used in the cure of the venereal and other diseases.

Sarsa still maintains its high character as an anti-syphilitic; and although far from wishing to detract in the least from its merits, it may yet be affirmed that, though it be held, in the present day, in higher estimation than guaiacum, it owes this probably more to its higher price than to any real intrinsic superiority. In proof, however, of the aptitude of well informed men to be biassed by unhappy preferences, we have only to hear what the late Mr. Bromfield says of it:

> *"I solemnly declare, I never saw a single instance in my life where sarsaparilla cured the venereal without the assistance of mercury:"*

to which Mr. John Pearson adds,

> *"My own experience during many years coincides entirely with the observations of Mr. Bromfield."*

Compare these declarations with the statements and experience of certain other modern writers, Rose, Dease,

Thomson, and others, and then let us deliberately estimate the value of human evidence when the judgement is warped by prejudice. The fact is most notorious, and exemplified daily, that sarsaparilla can cure the venereal when mercury can not.

Of the Green Rind of Walnuts

At one time the green rind of walnuts was much used in venereal cases. According to Ramazzini, it was extensively employed in England about the beginning of the seventeenth century, (Sintelaer mentions it in his Scourge of Venus and Mercury).

Of the Cure by Simple Means

From the earliest times the venereal appears to have been curable by simple means: Bartolomeo Montagnana (1497), in his Consilium to a bishop labouring under the disease, prescribed no antidotal remedy beyond attending to the purification of the humours of the body and the improvement of the general health: Massa even goes so far as to say that Nature (meaning the constitution) when strong, can expel the virus without any assistance whatever; and… Leo Africanus tells us, viz. "that he had known many who perfectly recovered of the disease by the mildness and purity of the air. A very early authority in favour of the advice given by Gaspar Torella, "ut medicina sit in columis", was Conrad Schelling (AD 1500). This author was among the first to decry the employment of mercury, observing that "the injury it did was often greater than the benefit."

Schelling's indications of cure were excellent, and consisted in first mitigating the virulence of the poison, and then evacuating it. With the first intention he ordered decoctions of simple herbs, as fumitory, endive, chicory, lettuce, borage, and such like, to be plentifully drunk; and with the second he prescribed gentle purgation daily with senna, cassia, tamarinds, and occasionally aloes and diagrydium (scammony). When the pustules began to

desiccate, but not before, he ordered baths to be used.

His local treatment was not less rational, but still better because more energetic. His directions as adjuvant to the treatment are not less judicious: he insists on pure air, cheerfulness, cleanliness, exercise, a rather indulgence in sleep, avoiding watchfulness; and in diet, to use those meats and drinks that possess within them the property "of carrying matters to the exterior", in other words, that promote all the excretions. Guided by the pathological doctrines and therapeutical principles of the Galenical school, the practitioners in physic who flourished at the close of the fifteenth and beginning of the sixteenth centuries directed much of their attention to the skin; for it was by this emunctory that they judiciously and chiefly sought to purify the humours. We hence find that, in the treatment of most complaints, they promoted perspiration in various ways, by sudatories, by warm aromatic diluents, and by laborious exercises. Paul Jovius is the first who mentions the efficiency of the latter circumstance when combined with a spare diet.

Beech Tree

Fracastorius tells us that he has often seen syphilis cured by sweating alone.

> *"Vidiego saepe malum, qui jam sudoribus omne Finisset."* — *Syphilis*

Ramazzini mentions that Doria, the celebrated Genoese admiral, cured his sailors of the venereal with a decoction of the branches of the beech tree, and by making them pull at the oar in the heat of the sun. This fact is further confirmed by the ocular testimony of Emanuel d'Aranda, when he was a captive at Algiers.

By Violent Exercise and Sweating - Aranda's Narrative

The story is to be found in Relation XXI., "My master, Alli

Pegelin, among his slaves had one named Juan Motoza, who was so miserably afflicted with the venereal that he became unable to work. When the spring came, and the galleys went to sea, Juan Motoza was ordered to embark in one of them. This was any thing but agreeable to him, thinking that hot-air baths and the like would be more proper for his cure than rowing in the galleys.

He therefore went to his master, and addressing him, said:

> *"Your highness has ordered me on board a galley, for which I am wholly unable, and I have hitherto been excused from working, being sick and disabled both in my legs and arms."*

Pegelin said to him: "What is the matter with you?"

Motoza replied: "The pox."

Pegelin, laughing, said to him: "Go onboard the galleys, and that will make thee sooner well than all the stoving in Spain."

What Pegelin said were as decrees of parliament without appeal. So Juan Motoza embarked, was chained by the leg like the other slaves, and by the help of the cow-skin, they made him row like the others.

His daily food consisted of an old and dry biscuit, his drink clear water. At the end of 40 days ("j'en suis tesmoing oculaire") Juan Motoza was entirely cured.

The reason is, says Aranda, that by the hardness of the labour he had sweated excessively, and had besides eaten dry food. The same circumstance is mentioned by Gabriel Fallopius; and Van Swieten tells us of his being:

> *"Informed by persons worthy of credit, that men condemned to the galleys in the Mediterranean were cured of the venereal disease by the hard labour they daily endured." (Comment, on*

Aph. 1478)

This curious and well-attested fact, both contributes to elucidate the morbid physiology of the venereal, and leads the way to substantiate the only rational mode of curing it. No one can have attentively studied the disease without having perceived an obvious disposition in the system to throw off the virus by the skin +, for all the genuine consecutive effects of this inherent tendency shew themselves on the surface membranes in the form of blotches, eruptions, and ulcerations.

+ This observation of therapeutic physiology was made by Sebastian Aquilianus so long ago as 1498. "Natura," says Aquilianus, "cupida mundificationis sanguinis, et totius corporis, transmittit in proposito ad superficiem exteriorem conatu quo potest nocivam materiam." - De Morb. Gall. c. 2.

Whatever, therefore, improves the general health, and promotes at the same time all the emunctory functions of the system, and particularly that of the skin, is that which constitutes the true means of cure in this disease.

Now, improved health is the natural result of the temperance the galley-slave is obliged to observe, and of the regular exercise which he is compelled to take; at the same time that a wholesome increase of activity in the capillary circulation, as well as of perspiration, is produced by the natural warmth of the climate of Africa, and the strong bodily exertion made in rowing.

The highly beneficial effects of exercise in the open air in promoting the cure of the venereal, has been advocated from early times, and it is one of the many objections to the use of mercury, that, when this is the remedy employed, we are in a great measure precluded from resorting to its aid from the great danger when under its operation of catching cold.

Fracastorius, Musa Brassavolus, Georgius Wella, Fallopius, Borgarutius, and many others, highly extol all kinds of exercise in the open air in the cure of secondary venereal: as hunting, racing, climbing up mountains, and

suchlike violent exercises;* and Van Swieten (Comment. in Aphor. 1478) narrates the case of a young gentleman confirmatory of the above.

* Old Philip Barrough, who lived in the reign of Queen Elizabeth, speaking of the "diverse waies of curing this affect," observes, "of the which one is light and easy, that is, moving and exercise of the body, which is in young men, strong and lusty, able to endure sweate, either in wrestling, leaping, darting, dancing, or playing at tennise, or such like, hath bin a sufficient remedy for this evil in the beginning." He adds, "some by procuring a great sweate have been cured." - Dr George Hume Weatherhead, MD in "The History of the early and present state of the Venereal Disease Examined", 1841.

"What truths are more plain and self-evident than these: that health and disease are directly opposite terms, meaning directly opposite states of the human system. They are incompatible with each other, and cannot exist in the same body at the same time. Any substance or thing, therefore, which has a direct tendency to produce one of these states, cannot have a direct tendency to produce the other; for:

"Like causes always produce like effects."

Consequently, that which tends directly to make a well man sick, cannot tend directly to make a sick man well, and vice versa. Now, if all this be true, and that it is, no one will be found reckless enough to deny, what becomes of all the boasted learning and wisdom of the schools? What becomes of calomel, and arsenic, and antimony, and opium, and the many other poisonous and life-destroying substances which are every day brought into requisition for the purpose of curing disease?" - Robert Moore, Verginia, USA in "Thomsonian Recorder", 1835.

Mercury is still used by the Medical Trade, in the Dental Industry, Poisonous Pharmaceutics and in Vaccines under the name of Thimerosal (Mercury).

Mercury

"**The Metal:** The metal is a poison. It has produced fatal results after being taken by the mouth and after inunction, but perhaps most dangerous of all is the breathing of fumes of heated mercury. The globules, being very finely divided, are rapidly absorbed and produce serious illness.

Salts: The salts of mercury vary considerably in their solubility in water, but every salt of mercury, except perhaps mercurous chloride (calomel), must be regarded as a potential poison owing to chemical change that may take place in the intestines.

Acute Poisoning

Fatal Dose

Although fatal results have been recorded with almost every salt of mercury, it is expedient here to give only one or two examples of fatal doses. Roughly speaking, the less soluble the salt in water the greater the amount necessary to cause death. Thus death has resulted from 5 grains of mercuric chloride and of the basic sulphate, whereas a dose of 35 grains of ammoniated mercury has been recorded as fatal.

Fatal Period

Death may occur in the acute stage, i.e. within the first day or two, or may occur at a later stage, generally in the second week, from the effects of the poison on the kidneys.

Morbid Anatomy

The post-mortem appearances in a case of poisoning by mercuric chloride vary with the mode of administration and the time of survival. When the poison has been taken by the mouth and death has ensued early, the tongue and lips are

swollen and the mucosa of the mouth is coagulated and white. Similar changes are found in the pharynx and oesophagus. In places, e.g. the fauces and the lower end of the oesophagus, the necrosed surface may be broken up and shreddy. In some cases there may be great oedema of the loose tissues of the valleculae and the laryngeal vestibule which may be fatal from asphyxia. The gastric mucosa is corrugated and may show inflammatory or petechial reddening. This is obscured, however, by the fixation necrosis of the surface, so that the colour is usually a greyish violet. Exceptionally a black haemorrhagic condition has been described. Perforation is very uncommon but may result from the continued contact in one place of the poison in solid form. Similar changes may extend for a short distance into the duodenum, and all cases will show inflammatory changes throughout the small intestine. When survival has been longer, the initial corrosive effects have generally been less intense. In the stomach they may actually be healing, but in the mouth, especially on the gums, they have generally gone on to ulceration. Septic lymphangitis and parotitis may be present.

Intestinal Changes

The large intestine usually shows characteristic changes which resemble bacillary dysentery. In rapidly fatal cases there may be only some acute inflammation. Quickly, however, this is increased, and diphtheroid necroses appear and ulcerate. In the origin and distribution of these lesions infective and mechanical factors appear to play a part.

They often occur on the crests of the transverse folds or in relation to the longitudinal muscular bands. The condition increases towards the rectum and is generally maximal in the sigmoid, where the ulceration may be confluent. In severe cases even the lower ileum may be involved.

Kidneys

In the kidney severe changes are almost invariable. They

may be very marked even when death has taken place early, their intensity depending mainly on the amount of poison absorbed. In early cases the organ is swollen and the cortex pale. Tubular degeneration is present and possibly glomerular necrosis and inflammation. The first convoluted tubule and ascending loop of Henle may show various changes from severe cloudy swelling to complete necrosis. Casts are numerous, mainly granular. In late cases calcification of necrosed epithelial cells and debris may be a conspicuous feature, and the organ may grit on the knife.

When the poison has been introduced by any other route, e.g. intravenous, the pathological changes in the kidneys and colon are similar. The stomach is unaffected. In the mouth, however, ulceration is usually present, its appearance seeming to depend on the previous presence of oral sepsis. When death has followed the introduction of the poison into the vagina, there are local corrosion and sometimes perforation or peritonitis.

Symptoms

The acuteness of the symptoms varies with the salt taken, those readily soluble producing much more acute effects than those less soluble. One of the commonest mercurial salts met with in poisoning and one which is readily soluble in water is mercuric chloride, which may be taken as a typical salt for purposes of description. An acrid taste is accompanied by a sense of constriction of the throat.

Acute stage

A burning sensation is felt from the mouth to the stomach, followed rapidly by such acute pain over the whole of the abdomen that the patient cries out in agony. Nausea, retching, and vomiting soon occur, the vomit generally containing blood and greyish-white fragments of coagulated mucous membrane from the gullet and stomach.

A white coating is noticed in the mouth on the tongue and throat, and inflammation may involve the glottis or the air-

passages, hindering respiration. Later there is diarrhoea with watery stools containing fragments of coagulated mucous membrane and blood. From the first the patient is in a state of severe shock, with subnormal temperature, rapid, irregular, and feeble pulse, and a cold clammy skin, and death may occur in the early stages from collapse, with unconsciousness or with convulsions. Death in the acute stage may occur in an hour or two or within the first two days, but if this stage is reached the acute symptoms will generally be recovered from. The urine is generally scanty or suppressed, and any voided will contain albumin, casts, and probably blood. Salivation is often prominent after the first few hours.

Later stage stomatitis

If the acute stage is safely survived, various complications may set in and may prove fatal, (i) An acute stomatitis may occur with ulceration, continuing salivation, spongy and bleeding gums, and looseness of the teeth. Gangrene has been recorded,

Uraemia

(ii) The urine, which may or may not have been scanty in the acute stage, should be carefully measured. As a result of the direct action of the poison on the kidneys the urinary output may steadily diminish until generally in the second week suppression occurs. The approach of the uraemic state is shown by the blood-urea, which shortly before the suppression of urine occurs may amount to 500 to 600 mgm. per 100 c.c. Unless the kidneys can be made to function again, the condition is fatal in 1 day or 2. (iii)

Intestinal Ulceratton

The damage to the intestinal tract with sloughing of mucous membrane may leave a condition of ulceration of the intestines, particularly of the large intestine, which will

result in an ulcerative colitis. This condition, associated with pain and the passage of blood and mucus, is not usually fatal but is very intractable, and many months may elapse before a cure is effected.

Treatment

The stomach must be at once washed out with copious quantities of water. The process should be repeated after an interval of a few hours and possibly a third time. It is also recommended that sodium phosphite or sodium hypophosphite be employed in doses of about 10 grains every 8 hours for 2 to 3 days, but we have no experience of the treatment. If an acid salt, such as the acid nitrate, has been taken some alkali other than carbonates or bicarbonates must be given in addition. Morphine will be required for the pain and general treatment for the collapse and shock.

As soon as the acute symptoms have subsided, a careful watch must be kept on the renal function. The 24 hours output must be carefully measured so that the possible onset of anuria may be anticipated. The urine should be tested and the urea content of the blood measured frequently so that the renal function may be gauged. In those cases in which the kidneys are seriously damaged one of two pictures may occur:

1. The output of urine continuously decreases with a rise in the blood-urea until the onset of anuria appears imminent. Then the output of urine increases and in the course of a few weeks the kidney function appears to be normal again and it will be conjectural as to what permanent damage, if any, has resulted.

2. A state of anuria will occur. This calls for energetic and active treatment, and undoubtedly surgical interference is the only likely treatment that will hold out hope of saving life, and then only if it is not left too late. The operation consists of cutting down to, and incising the capsules of, both kidneys. The great difficulty is to decide when this

should be done. If left too late the attending shock may prove fatal and if performed too early the physician may feel that perhaps, without interference, the kidneys might have commenced to secrete again. Perhaps the blood-urea values and those for the alkali reserve may assist in this direction. For the rest, the stomatitis and colitis should be treated on general lines appropriate to these conditions." - in "The British Encyclopaedia of Medical Practice", 1939.

Chapter 16

The Drug Story

"How have we moved away from herbs and all natural remedies as a culture that has to do with a political situation that really was through the early 1900's" - Ellen Kamhi, PhD, RN, HNC, in "Remedy; The Quest For Lost Medicine", Docuseries 2018.

"It started after World War one you know and they started finding chemicals that could treat things antibiotics were invented in 1939 by Fleming, he isolated maybe earlier but commercially was available but then, he isolated you know fungus that could kill bacteria, chemotherapy started with the use of mustard gas and they started using mustard gas for the earliest cancers and getting successes I was in 1940s which is very late they found it could treat certain cancers and that started the whole chemotherapy thing but basically the Pharmaceutical

Industry which took off in the 20th century probably started going around 1920s and and it became a great model suddenly you were selling things and making money so then you could research more medicines and hire scientists and make more medicines and what we have is since World War II that's really skyrocketed and they realize how profitable it could be I mean if you look at the pharmaceutical manufacturers they're among the most profitable industries in the country it's big big profit margin plus big income big you know research and development fund they've taken over you know they've taken over schools that promoted herbal medicine and homeopathy were basically suppressed you know the Rockefeller Foundation after World War one started supporting chemical medicine and and then after World War two they snot day but really you know the electrical and nuclear industries got into the game and there's basically as profitable" - Dr. Jake Paul Fratkin, in "Remedy; The Quest For Lost Medicine", Docuseries 2018.

"The Drug Story" is a factalogical history of America's $10 Billion drug cartel (in 1949), its methods, operations, hidden ownership, profits and terrific impact on the health of the American people.

"I firmly believe that if the whole materia Medica could be sunk to the bottom of the sea, it would be all the better for mankind and all the worse for the fishes." - Dr Oliver Wendell Holmes, MD, Professor of Medicine at Harvard.

The following is part of the first chapter in "The Drug Story"

What Nujol Started

"Thirty years ago the Standard Oil Company became impressed with the methods of the big packing houses

which used, processed and sold every part of the hog but the squeal.

Their sales research department went 'way back to the 1860's when "Old Bill" Rockefeller, the itinerant pappy of John D. (the first) and a patent medicine showman, used to palm off bottled raw petroleum on the yokels as a cure for cancer. "Old Bill" was an upstate New York farmer, until 1850.

He moved to Cleveland then, entered the patent medicine racket and had himself listed as a "physician" in the city directory.

In selling raw petroleum in a pretty bottle "Old Bill" did nothing new.

He merely took a page out of the book of other patent medicine fakers who were then hawking their wares from the backs of wagons – covered and uncovered.

When oil was discovered in northwest Pennsylvania (1850) the jackals of the oil trade found there was more gold in the jeans of the gullible yokels than there was in working for it in the oil fields.

They began to bottle the raw petroleum and palm it off under various names as a cure for everything under the sun.

The popular maladies of the day were liver complaint, cholera morbus, consumption and bronchitis.

Among the names given this raw petroleum were "Seneca Oil", "Rock Oil" and "American Medicinal Oil".

"Old Bill" opened up a new field for himself. He called his bottled petroleum "Nujol" (meaning new oil) and sold it to those who had cancer and those whom he could make fear they would have it.

This sounded good to Standard's researchists. It sounded even better when they found it cost but $2.00 a barrel to concoct Nujol from crude petroleum.

And that from one barrel of the raw stuff they could make

1,000 six-ounce bottles of finished Nujol.

Instead of calling it a cure for cancer they called it a cure for constipation.

The latest trade catalog lists Nujol as going to the druggist at 28-2/3 cents a half pint (8 fluid ounces). The druggist thus pays about 21 cents for a 6-ounce bottle of Nujol which costs Standard Oil 1/5 of a cent.

These breath-taking profits from Nujol make it inevitable that America's largest and most ruthless industrial combine (the Rockefeller Empire) should soon add the drug traffic to its already vast production and sales domain.

It wasn't until 1939, however, that the Drug Trust was formed and the upward curve in their drug profits began to assume the present gigantic proportions which today make it a macabre $10,000,000,000 a year business.

How the American Drug Trust was formed by an alliance with its opposite number in Germany is almost a story in itself.

Soon after the present-day Nujol was put on the market it was discovered by physicians to be harmful.

It robbed the body of fat soluble vitamins and caused serious deficiency diseases.

Standard Oil checked the loss in sales by adding carotene (one of the fat soluble vitamins) to Nujol and claiming this overcame these injuries.

Physicians disagree with the sales department of Standard Oil on this point. And what of Nujol, now being sold to the public as a laxative.

For some uyears before his death Senator Royal S. Copeland of New York used to set up a radio microphone every morning in his Senate Office Building quarters in Washington, furnished by the American taxpayers, and plug this greasy concoction at $75,000 a year.

The New York Senator was a doctor of sorts.

Although he possessed a medical degree he was never able to make a living as a bedside practitioner.

He went into politics and made medicine pay in a big way.

First he became a health commissioner of New York City,

then a Senator from the Empire State where he used the prominence thus gained to ballyhoo Nujol to unsuspecting radio listeners.

Today Nujol is made by Stanco in New York, listed in Moody's Manual as one of the many subsidiaries of the Standard Oil Company.

Stanco's only other product is Flit, well known fly killer and insecticide, made from the same raw materials and by pretty much the same process.

When Hitler began to plan his 1,000 year Reich, the powers-that-were in Germany didn't actually know that American politicians were going to solve their acute employment crisis by forcing us into the Second World War to again save England's hide and Rockefeller's oil.

But they weren't taking any chances.

Germany's huge dye trust (or chemical cartel) known as the I.G. Farbenindustrie Aktiengesellschaft, enjoyed a monopoly on all chemical products manufactured in Germany. German I.G. made an alliance with American Standard Oil in order to control important patents.

The general idea was that the two were to pool their processes. This was done in a one-sided way.

With the help of Standard Oil the German behemoth prevented American chemists from learning how to make synthetic rubber until after the Japan took the Malayan Peninsula and its vast rubber plantations.

This almost lost the war for the United States. So, in 1939, when it became apparent that Germany would soon be unpopular in the United States, Standard Oil helped Hitler's Reich cover its American holdings in the drug and chemical field.

The American I.G. was formed, by taking over the Sterling Products Company, the Grasseli Chemical Works (alias the General Aniline Works), the Agfa-Film Company, the Winthrop Chemical and the Magnesium Development companies.

Standard Oil took 15% of the stock in the new German-American chemical trust.

Efforts to hook the DuPont company into this situation

partially failed.

Among the directors of the "cover up" company were Walter Teagle (President of the Standard Oil Company), Paul Warburg (a Roosevelt-Rockefeller stooge), and Edsel Ford, 500,000 shares of stock were issued to Walter Teagle.

At a later Securities & Exchange Commission investigation Mr. Teagle denied his parentage of this stock, claiming he was holding it as a dummy for someone else.

When asked by the examiner who this "someone else" was he blandly replied he did not know, although he was under oath.

Everyone else knew it was either one of the Rockefeller clan in person, or the Standard Oil Company.

The war was getting pretty close to this country. President Roosevelt was setting up the Pearl Harbor disaster, and had ordered our radar defences let down at 7 o'clock every morning.

History records that Japan accepted this "opportunity" to destroy most of the American Navy, made defenceless on orders from Washington, D.C.. At this juncture American I.G. Farben decided to camouflage its German parentage and sympathies, with the help of Standard Oil.

It changed its name to the General Aniline & Film Corporation shortly before the Pearl Harbor attack.

Before doing this, American I.G. purchased an undisclosed number of shares in the Ozalid Corporation, Schering & Company, Mission Corporation, Monsanto Chemical, Aluminum Corporation, Drug Incorporated, Dow Chemical, Antidolar Company, Standard Oil of New Jersey, Standard Oil of Indiana, Standard Oil of California and the DuPont Company.

It took over bodily the privately-owned Hoffman-LaRoche Company.

Meanwhile, Sterling Drug gobbled up Winthrop Chemical, the Bayer Company, General Drug, Vegex Inc., Cook laboratories, the Centaur Company and Alba Pharmacal Company.

Drug, Inc., owned by Louis K. Liggett, a powerful Massachusetts politician during the Hoover administration),

had in 1929 taken over the Bristol-Myers Company, Vick Chemical, United Drug, Life Savers Inc., and the Liggett chain of "RX" Retail drug stores.

With Vick Chemical, Drug, Inc, (and the Rockefeller-Standard Oil-German IG Drug Trust) got the J.T. Baker Chemical Company, the William S. Merrell Company, the Jensen-Salsberry Laboratories, Prince Matchabelli Inc., Alfred D. McKelvy Company, Loeser Laboratories Inc., Taylor Chemical and the Sofskin Company.

When the American doughboys sloughed into Germany, and reached the industrial city of Frankfort, they were amazed to find intact all of the buildings and the huge plant of the German I.G. Farben Chemical Trust.

American aviators, pinpointing their targets, had demolished every other structure in town.

What the doughboys didn't know was that the Secretary of War, Robert P. Patterson, was a Rockefeller lawyer, appointed by President Roosevelt upon Rockefeller orders, fresh out of Dillon, Read and Company.

The Dillon-Read concern not only is a Rockefeller subsidiary, but was the banking house that financed German I.G. Farben and attended to the financial details of forming the American "cover up" firm for the German chemical cartel.

American aviators, who gnashed their teeth at their orders to miss the biggest target in Frankfort, have never accepted the weak alibi given them from headquarters.

Which was that this juicy and important target should be saved because the American Expeditionary Forces would "need an office building" when they got into Germany proper.

To show how the German Chemical Cartel and the Rockefeller Drug Trust affect the lives of most American people, Sterling Drug's 66 subsidiaries manufacture among other things Phillips Dentrifices and Cosmetics, Double Danderine, Ironized Yeast, Andrews Liver Salts, Ross Pills, Mejoral, Astringosol, Campho-Phenique, Molle, Energine, Diamond Dyes, and many anaesthetics, vitamins, antimalarials, sulfa drugs, analgesics, arsenicals,

barbiturates, antiseptics, anti-bacterials and digenstive ferments.

The Bristol-Myers Company makes Ipana Tooth Paste, Sal Hepatica, Vitalis, Ingrams' Shaving Cream, Mum, Minitrub, Trushay, Perman's Insecticides, Benex and Ammer's Powder. Dow Chemical makes Epsom Salts, bromides and many other U.S. Pharmacopoeia products. Monsanto makes glycer-phosphate, vanillin, aspirin, saccharin, benzoic acid and many medicinals and "fine" chemicals.

The Centaur Company makes Castoria.

Hoffman-LaRoche makes Allonal, Alurate, Antihistamine, Cal-C-Tose, Citro-Thiocol, Digitalis, Pantopon, Sedulon Cough Syrup, Presidon (sedative), Thephorin (a phony hay fever nostrum), ViPenta Drops and Vitaminets.

Hoffman-LaRoche is privately owned, and is part of the Swiss branch of German I.G., set up in 1939 to prevent confiscation as alien property.

With these Rockefeller concerns having all of these things to sell, plus thousands of the 12,000 drug items described and advocated in medical text-books, it was the most natural thing in the world, human nature and human greed being what it is, for the Rockefeller Foundation to be changed into an instrument for "educating" medical students into the excessive use of drugs.

The Rockefeller Foundation was first set up in 1904, and called the General Education Fund. An organization called the Rockefeller Foundation, ostensibly to supplement the Fund, was formed in 1910 and an effort was made to get a charter from Congress." - Morris A. Bealle, in "The Drug Story", 1949.

Advancement in Medicine from the Drug Standpoint

"Hoping to learn what progress has been made in medicine as practiced by drug doctors, I recently attended the commencement exercises of six medical colleges in Cincinnati.

One of the colleges we Eclectic, one was homeopathic,

and four were “regulars.”

I was very disappointed in not getting more definite statements from the medical men, but realised as never before the difference between the drug and the osteopathic methods of diagnosing and treating diseases and abnormalities of the human body.

Those who spoke or read papers at these exercises were the best representatives in this city of their respective systems of drug therapeusis. All of them extolled the progress of medicine in recent years and generally attributed that progress to advancement of knowledge in botany, bacteriology, chemistry, physics, and improved methods of diagnosis.

Not a phrase dropped from the lips of any of the speakers intimating that the increase of knowledge in the sciences of anatomy and physiology have or ever can have anything to do with human ailments.

Advancement in physiology was commented upon by one speaker and the large audience was told that the students would continue experimenting upon cats and would dissect cadavers as heretofore; but no hint was given of the fact that a knowledge of the the two sciences of the human body, anatomy and physiology, can be made a basis of therapeusis.

From what they said I would judge that nine-tenths of the efforts toward advancement were being expected in the search for drugs with which to cure diseases." - Dr E. R. Booth, AM, DO, in “The Journal of Osteopathy”, June 1901

Chapter 17

Barbital or Barbitone
(Diethylbarbituric Acid) Veronal

Barbital or barbitone, (diethylbarbituric acid) marketed under the brand names Veronal for the synthesized pure acid and Medinal for the sodium salt, was the first commercially available barbiturate. It was used as a sleeping aid, hypnotic, from 1903 until the mid 1950's. This Drug was produced two companies Merck and Bayer and it was one of their major products.

Barbital (Veronal) Poisoning

"The use of barbital (veronal), or diethylbarbituric acid, as a hypnotic has constantly increased since its discovery in 1903. It is an effective drug with a considerable margin of safety, may be obtained in most localities without a physician's prescription, and the possibility of its producing a habit is not generally appreciated. These reasons have been partly responsible for its popularity with both the laity and the profession.

Medical literature, however, particularly in Germany and England, contains many reports of severe poisoning and fatal results from its use in excessive doses or in long continued administration. Its action is quite rapid, ordinarily

producing sleep in from one-half to one hour, and in moderate doses is seldom followed by distressing after-effects. From 70% to 90%, of the ingested drug is eventually eliminated in the urine; but its excretion is slow and is often extended over a period of from two to four days, which frequently accounts for poisoning when the individual doses have been of only moderate size." - Dr William H. Leake, MD; E. Richmond Ware, MD, in "JAMA", 7 February 1925

Veronal Poisoning

"As surmised in an annotation in the British Medical Journal, 21 March (p. 570), it is likely that death from Veronal poisoning is more common than statistics indicate. May I suggest a probable cause for the mortality, and a possible remedy? We have four salient facts-at least, judging from my own experience, they seem facts to me.

1. The drug is so potent that, given properly and in ordinary insomnia, it is rarely necessary to prescribe more than 5 grains, and usually 21 grains is sufficient.
2. There is no clear evidence of habituation; its victims merely desire drowsiness, not other sensations as well (as in the case of alcohol, opium, and cocaine); given natural sleep it is not desired; no more, and no less, than procures sleep is desired; as time passes there is no augmented craving, and the same dose continues to produce the same effect.
3. The action is delayed 4, 5, or 6 hours.
4. Apart from deliberate suicide, in every case of death the victim has tried to procure immediate sleep.

The case of a London clubman is instructive and typical. During an attack of insomnia he took 10 grains at bedtime, which in his case was late. He was wakeful that night, but "deadly drowsy" next day, a circumstance which he attributed to lack of sleep. The following night he took 15 grains. Again he was wakeful; but in the after noon slumbered so profoundly at his club that the attendants had difficulty in rousing him. Manifestly heavy and stupid,

he went home, and subsequently had difficulty in clearing himself from a charge of drunkenness before the club committee.

"Veronal is no good; it has not the smallest effect on me," he declared.

On a later occasion, when ignorant of the remedy applied, he was given 5 grains in the early evening. He described himself as, getting "a heavenly night," but as being too sleepy in the morning. Thereupon he was given 2½ grains, also in the evening. Now he had "perfectly natural sleep" with no apparent drowsiness till he went to bed, and none after he rose. He was then told the facts and informed that the fit of insomnia was probably broken, which proved to be the case. He still takes Veronal, but rarely, and never in more than 2½ grain doses. I could quote many similar instances. But doubtless individuals vary. It seems evident that, apart from deliberate suicide, excessive doses are taken only because the victim, ignorant of the delayed action, makes more and more strenuous efforts to procure immediate sleep. I suggest that patients shall always be informed of the delay, and that a label shall be affixed to every packet affirming the uselessness of Veronal as a quick remedy for wakefulness." - G. Archdall Reid, in "British Medical Journal", 28 March 1925.

A Case of Veronal Poisoning

"The patient was a woman of 42 years. She had always been in good health, but was of a highly neurotic temperament.

At 11 am I was called to see her, though I had seen her the night before when she was apparently in perfect health but somewhat worried over some domestic troubles. I received the telephone call from her brother, who informed me that though his sister had gone to bed the previous night at 10 o'clock, she had as yet shown no evidence of awakening.

On examination I found the patient in coma from which it was impossible to awaken her; no response from pressure

over supraorbital nerve.

There was no cyanosis; pulse 60 and of good quality; temperature normal; respirations 22. I immediately washed out her stomach with warm water, after which 6 ounces of black coffee and 1 egg was administered through the tube. Normal salt was given per rectum by the drop method (2 quarts at this time).

When I saw her a few hours later she was in the same condition, though her respirations were slightly deeper.

About 4 am the following morning she became cyanotic, her breathing, which had gradually been getting deeper, became stertorous, her pulse weak and irregular, being intermittent at times. Her temperature still remained normal. Caffeine sodium benzoate in doses of gr. i and camphor and ether in doses of m. x were given for cardiac stimulation.

This treatment only improved the pulse temporarily. Her respirations gradually be came more and more stertorous, and by three in the afternoon she developed signs of pulmonary congestion.

This gradually increased until there were signs of well marked edema of the lungs.

Her cyanosis gradually increased in spite of oxygen inhalations and hypodermic injections of atropine. Adrenalin was given without benefit. At 4 pm her stomach was washed out and the return consisted of brown fluid with a decided faecal odour, and containing some particles of faecal matter.

There seemed to be a loss of tone of the intestinal tract, for enemas given were not expelled. The patient died at 5 pm just before death her temperature gradually increased to 40°C, respirations developed into the Cheyne-Stokes type.

Her pulse became weaker and weaker until it was imperceptible at the wrist.

The function of the kidneys was lessened and in the last 24hours of her life only 2 ounces of urine were to be obtained by catheter.

Altogether she received one gallon of normal salt by the drop method, but this seemed to have no effect upon the

secretion of urine.

Hot packs and dry cups over the lungs were used, but nothing seemed to be of any avail. On investigation it was found that she had taken one hundred (100) grains of veronal just prior to retiring for the night." - Dr Edward Swift, MD in "California State Journal of Medicine", Vol. XII, No.3, March 1914.

Chapter 18

Cocaine

The History of the Drug

The alkaloids of exported coca leaves are several, a number of them forming a series representing successive steps in the destructive metamorphosis of cocaine. The evidence of this fact is twofold: first, the cocaine may be artificially broken down successively into those alkaloids; second, one of those alkaloids (benzoyl ecgonine) may be artificially builded up into cocaine.

The series is as follows:

1. Cocaine,
2. Cocaicine or cocainoidine,
3. Benzoyl-ecgonine,
4. Ecgonine.

The physiological and therapeutic action of exported coca is that of cocaine, for it contains no other active constituent in sufficient quantity to materially modify its effects.

Cocaine has no direct effect upon either striped or unstriped muscular fibre. Upon the sympathetic nerve-centres its tendency is directly towards depression or paralysis, according to the relative dose. In the stomach, digestion is promptly checked. Intestinal peristalsis is briefly increased, then lessened or stopped. In the case of the intestinal function the comparison is quite as striking. The action of cocaine is constipating, and constitutes a serious evil in cases of prolonged administration. When the fluid extract is exhibited, the evil is increased by the tannin contained. But the action of native coca, on the contrary, is stimulating to intestinal activity, and its permanent effect is laxative. The poisonous-intoxicating effects of cocaine are no longer denied, and every practitioner has known of fatal cases." - Dr H.H. Rusby, MD in "The Therapeutic Gazette", 1888.

1885

"Cocaine toothache drops", sale of cocaine for dental pain in children prepared by the Lloyd Manufacturing Co. in Albany, New York and sold by all Druggists in March 1885

1886

Artificial Cocaine

"Merk succeeded in transforming benzoyl-ecgonin, a new substance discovered by him, into cocaine, as reported by the Pharm. Zeitung oF 31 October 1885. It might interest some of the more speculative minds to know how to prepare the costly alkaloid without the Peruvian plant. Several grammes of benzoyl-ecgonin are heated to 100° (C.) with iodide of methyl and methylic alcohol, and then slowly evaporated. The product is a hydrate of iodine, and conforms to all tests of genuine cocaine, and even has the same melting-point as the latter (98°)." - in "The Therapeutic Gazette", 1886.

Accidents Following

The Use of Cocaine

"The rapidity with which reports are appearing of various forms of accident following the use of cocaine show that this drug, like nearly all other valuable articles in our materia medica, is not entirely free from its disadvantages. It even appears that the instillation of cocaine into the conjunctival sac may produce symptoms of general intoxication. A number of such cases are recorded. Thus, Mayer-hausen (Centralb. fur die Gesammte Therapie, October, 1885) relates a case of a girl 12 years of age in whom 2 drops of a 2%, solution were instilled in the conjunctiva four times, at intervals of 5 to 8 minutes, for the removal of a portion of the cornea, injured and stained through a wound from a steel pen.

In all only a little over 1/10 of a grain was administered, of which certainly one-half must have been lost through the tears. Immediately after the operation the child commenced to complain of headache, which became more and more severe until it was almost unbearable. Nausea and vomiting persisted through the entire day.

The patient was greatly prostrated; stumbled in walking, her speech was almost entirely destroyed, as though her tongue was paralyzed. These symptoms of poisoning lasted all through the night, in which no rest was possible, and gradually disappeared towards the evening of the following day. Dr. Ziem also reports a case, in which 2 drops of a 4% solution of cocaine applied to the eye of a man caused symptoms of syncope (British Medical Journal, 21 Nov. 1885). In a few minutes after the pupils had become dilated, the patient's face became pale, sweat broke out on his forehead, and his breathing became embarrassed. Dr. Zeim refers to 17 other cases recorded in ophthalmological literature in which toxic effects followed the use of cocaine. In 3 it was injected hypodermically, and in 14 it was brought into the conjunctival sacs.

In some of these cases the symptoms were transient, and consisted of pallor of the face, giddiness, and sweating of the face and neck. In others there were dyspnoea, great feeling

of prostration, malaise, and apathy, lasting sometimes for several days. Vomiting and headache have been rarely present The subjects were in some cases feeble, aged women; in others they were strong and healthy individuals, both male and female. Dr. Heymann, in the Deutsche Med. Wochen., No. 46, 1885, reports a case in which the symptoms following the use of cocaine very closely resemble those above reported by Mayerhausen.

The patient was a boy, in whom solution of cocaine was liberally applied to the pharynx and larynx for the removal of a small papillomatous growth from the latter. Even before the tumor was removed the boy began to show signs of intoxication; he was apathetic, spoke in a halting, hesitating manner, and had considerable difficulty in walking. Pulse, temperature, and respiration appeared to have been all slightly increased. The symptoms gradually passed off ten hours after the operation. Dr. de Haviland Hall (Lancet, 21 Nov. 1885) describes a case in which cocaine spray applied to the posterior nares caused laryngeal spasm.

The Effects of Cocaine on the Central Nervous System

Dr. D. R. Brower draws the following conclusions from a paper with the above title, published in the Journal of the American Medical Association, 16 January 1886:

1. Cocaine in small or moderate doses is a cerebral stimulant, but produces derangement of the digestive and assimilative functions, and diminishes the elimination of waste.
2. Its use is attended with greater danger than alcohol or opium.
3. The use of cocaine in mental depression, if we carefully guard against the depressing effects of the drug upon digestion and assimilation, will often give better results than any drug hitherto used.
4. The use of cocaine in neurasthenia is a valuable addition to the treatment.

5. The drug, if administered in large doses persistently, causes a very marked deterioration of the central nervous system, producing a profound cerebral neurasthenia, and may produce such a malnutrition of the cerebrum as to develop insanity.

6. Cocaine occasionally, in doses heretofore regarded as small, produces alarming depression of the central nervous system." - in "The Therapeutic Gazette", 1886.

1888

The Value of Cocaine in Obstetrics

"Cocaine is now so generally used locally as an anaesthetic that it seems rapidly assuming the rôle of a universal panacea for all pain." - in "The Therapeutic Gazette", 1888.

Cocaine Toxaemia

"At a meeting of the New York Neurological Society, November 5, 1886, Dr. Wm. A. Hammond, in the course of "Some Remarks on Cocaine," expressed his disbelief in the toxic power of that drug, declaring "he did not believe any dose that could be taken was dangerous."

In my paper "Cocaine Dosage and Cocaine Addiction", read before the Kings County Medical Society, 15 February 1887. The proof, furnished by 40 different authorities: English, French, German, Austrian, Russian, and American, cited more than 50 cases to support the assertion that there is a danger, near and remote, in the use of this drug on some patients, that does not warrant such reckless disregard of care as the opinion referred to implies.

The cases noted more or less in detail showed that cocaine

caused toxic symptoms, so marked in 4 as to be fatal. The amount of the drug used varied from a small fraction of a grain to 24 grains, and was applied to the eye, ear, nose, throat, larynx, teeth, gums, stomach, bowel, bladder, uterus, urethra, and under the skin.

The symptoms noted were nausea, vomiting, headache, deafness, blindness, loss of taste and smell, profuse sweats, cold perspiration, lividity, gastric cramp; frequent, feeble, irregular, intermittent, uncountable pulse; shallow, gasping, irregular, difficult convulsive, suspended breathing, artificial respiration required in some cases; gait, speech, and swallowing greatly impaired; rigid muscles, palpitation, sense of suffocation, and great constriction about chest; loss of motion and sensation in arms and legs; general numbness; intense restlessness, extreme prostration, giddiness, faintness, feeling of impending death; unconsciousness, convulsions, paralysis, hallucinations, mania, delusions, delirium, - death.

Summarizing, it was asserted:

1. Cocaine may be toxic, sometimes deadly, in large doses.
2. It may give rise to dangerous, or even fatal symptoms, in doses usually deemed safe.
3. The danger, near and remote, is greatest when given under the skin.
4. In further proof of these conclusions, added evidence of over 40 cases is herewith appended.
5. Two more cases of fatal effect from cocaine have been reported; one in dental practice in Poland, the other in France.

Dr. Samuel T. Earle (Maryland Medical Journal) noted these cases:

"Mr. Z. presented himself for the treatment of haemorrhoids. Found on examination one external and several small internal haemorrhoids, which I decided to remove by the clamp and cautery. 5 March I proceeded to do

the operation. I injected in the subcutaneous tissue around the anus about 1 drachm of a 4% solution of cocaine, which amounted to about 2 grains of the drug. In about 5 minutes after the injection, and before I had taken any other step in the operation, he complained of strange feelings in his legs, accompanied by a twitching of the muscles.

In a few minutes more these twitchings amounted to decided general tetanic convulsive movements, which involved all the muscles of the trunk and extremities. By the time these convulsive movements had become general, he complained of fulness in the head, and soon became unconscious, remaining so for about 5 minutes.

As the convulsive seizures gradually subsided, he regained his consciousness, but that, too, only gradually. For instance, would answer me, look bright, and said he felt all right, but in a few seconds more would complain of fulness in his head, and become drowsy.

This occurred several times before he recovered entirely. Altogether the attack lasted about half an hour. His pulse was weak, although it could not be felt very well on account of the convulsive movements. Pupils slightly dilated. The following day found the patient doing very well, only complaining of some soreness in his muscles."

CASE II. Female; operation for haemorrhoids; cocaine to produce local anaesthesia. I injected a solution of the drug containing altogether about 5 grains of muriate of cocaine. In about fifteen minutes, without any premonitory symptoms, except a little nausea and faintness, she was seized with violent general convulsive movements, which were so strong, and so much more pronounced on the right side, on which she was lying, as to turn her over on her belly. She had opisthotonos (spasm of the muscles causing backward arching of the head, neck, and spine), entire loss of consciousness for about 5 minutes, after which it gradually returned, and seemed entirely restored at the end of 15 minutes.

Asphyxia; muscles of the lower jaw violently convulsed; pupils unevenly dilated after consciousness began to return;

mouth drawn to the right side; speech decidedly thickened for some minutes after her return to consciousness; respiration very laboured, and at the height of the attack was arrested for some seconds; pulse very feeble; cutaneous surface decidedly blanched where not purple, until after consciousness began to return, when it alternately became flushed and pallid; she now broke out in a profuse sweat. There was great prostration following the attack and a disposition to sleep. She recovered entirely after several hours, and only complained of feeling tired. This patient had never had any nervous attack of any kind previously, and both patients were remarkably robust and healthy."

Dr. J. Howell Way (Medical News) asserts his personal experience with cocaine was:

> *"An experiment, which proved a very dangerous one, and came very near terminating fatally."*

Dr. Bullock (Boston Med. and Surg. Journal) reports the case of a man, aged 24, in which he used 40 minims of a four per cent, solution, by spray and injection, for local anaesthesia prior to tonsillotomy. 3 hours later patient was suddenly seized with very severe headache, vertigo, nausea, flushed face, difficult respiration, and delirium. "When I first saw him he was tossing about in bed in a half-unconscious condition, muttering to him self. I was able without much difficulty to rouse him sufficiently to answer questions, after which he quickly relapsed into his former condition.

"He complained of tingling sensations in the extremities, dryness and constriction of the throat, "burning sensation" in the stomach, nausea, and intense headache. The pupils were widely dilated, there was some cyanosis of the face, but not of an extreme degree; respirations varied from 10 to 14; pulse was 126, and very weak. The next morning (the 16th) he complained of a good deal of numbness and tingling in the extremities, in tense dryness of the throat, and blurred vision. These symptoms gradually passed off during the day. Dr. A. N. Blodgett (Boston Med. and Surg. Journal)

cites case of Dr. R., age 23, well and strong, to whom he gave, subcutaneously, for local anaesthesia, 3 minims of a 12%, solution. "30 seconds after the injection was made the patient began to complain of a feeling of great depression, a sensation of coldness, and of faintness.

It was thought at first that these sensations were due to fright, or to an undue amount of apprehension as to the action of the drug, but this proved to be erroneous. The patient rapidly became cyanosed, the breathing changed to a sighing character; the pulse was 140 and weak; the face was bathed in cold perspiration; there were short periods of profound collapse, with unconsciousness. The patient was assisted to a couch, where he soon became quite helpless. Stimulants were administered, the heat of the surface was maintained, and the body warmly covered. At the expiration of a quarter of an hour the finger on the pulse showed a commencing improvement in the patient's condition. With the restoration of the organic functions came a mild form of delirium, the patient talking incessantly upon all possible subjects, and apparently not realizing that he had been in any abnormal condition. Soon the pulse was reduced to 80 per minute, and the skin became warm. The delirium gradually subsided, and the patient slowly returned to his natural state.

Dr. Mclntyre (St. Louis Med. and Surg. Journal) reported the case of a man, aged 40, to whom 1/2 grain was given subcutaneously to remove results of a rum debauch. It caused partial paralysis, slow, difficult breathing, pulse of 140, and complete inability to talk or swallow. "Patient was in a serious state for some time."

Dr. Stickler (Med. Record) injected 5 drops of a twenty per cent, solution prior to opening a small cyst. It caused vertigo, head ache, nausea, diarrhoea, and insomnia, which persisted for 3 days.

Mr. R. Steer Bowker reports this case: 1 drachm of a 6%, solution was instilled prior to and during enucleation of eye. 30 minutes after the first cocaining "she became very faint, face blanched, lips cyanosed; felt very sick ; pulse rapid and feeble." She rallied, but two and a half hours later the doctor

was hurriedly summoned.

"On my arrival she was better, though faint, with cold extremities and rapid pulse. Hot brandy and water, and she was soon all right. I used less than 4 grains, and yet I think it would have taken but little more in this case to have caused a fatal result."

Dr. James Magill recorded the case of a guardsman of fine physique, in whose foreskin he injected 1 grain of cocaine prior to slitting the prepuce for phimosis. In 15 minutes patient was so extremely pallid, and complained of such precordial pain, with very slow, irregular, intermittent pulse, that the operation was deferred. "This grave condition lasted 20 minutes."

Galezowski reported the case of a girl, aged 12, in whom the instillation of 15 drops of a 2%, solution caused severe headache, marked malaise, tottering gait, and difficulty of speech as if tongue were paralyzed, persisting 30 hours.

Mr. Adams Frost noted a lad, aged 14, in whose eye 1 drop of a 1%, solution was instilled. In a few minutes there were blue lips, pallor, profuse sweat, and small, slow pulse. Ammonia was given, but it was nearly an hour before he recovered. Heuse recorded the case of a female, aged 70, in whose eye 3 drops of a 2%, solution were instilled, followed by great dyspnoea. The next day 6 minims caused dyspnoea and vomiting, and later a smaller instillation produced the same symptoms.

Mr. A. Roberts (London Lancet) injected 60 minims of a 6%, solution prior to amputating breast. Patient became blind, and talked incoherently. Blindness lasted 4 hours.

Mr. Mayo Robson mentions two cases. In one, cocaining—amount of drug not stated—prior to circumcision was followed by severe syncope; the other, before removing nasal polypus, caused aphasia for 4 hours. Dr. Barsky (Brit. Med. Journal) cited a case in which 1-1/3 grains caused pallor, vertigo, general numbness, dysphagia, dyspnoea, chest oppression, and vomiting.

Dr. Walter Tothill (London Med. Record) reported a case of a girl in whose gums 1 grain was injected. In ten minutes she be came unconscious, remaining so for 2 and one-half

hours. Another, male, aged 27, cocaine was applied in the same way prior to extraction. "Within a minute he became violent, his pupils enormously enlarged, pulse beating 6 times with each inspiration, face pale, with dark lines round mouth and eyes."

Schubert noted case of a strong, healthy, non-nervous female, aged 28, in whose gum 6 minims of a 20%, solution were injected before extracting a tooth. In 10 minutes vision was impaired, gaze fixed, and she soon became quite blind and unconscious. Dr. George O. Williams (New York Med. Journal) reported that he injected ½ grain of Squibb's cocaine—three injections 5 minutes apart—for local anaesthesia, prior to removal of small tumour from forearm. 10 minutes after last injection there were general numbness of forearm, excessive dryness of throat, pupils dilated, vision so disturbed that he could not distinguish acquaintances at 12 metres, and his gait was staggering. Symptoms persisted 2 hours. Visual disorder and dry throat continued through a sleepless night, and toxic symptoms persisted, in part, for nearly a week.

Dr. Call, in a paper before the Madrid Medical Chirurgical Society, stated that he found 50 centigrammes of a 1% solution injected into the bladder caused convulsive movements. Dr. Emmett Holt (New York Med. Journal) reported 5 cases of children, aged 3 to 21 months, suffering from whooping-cough, in which the use of a four per cent, solution by swabbing or spraying caused toxic symptoms.

They were vomiting, great restlessness, rapid, shallow respirations, pulse too frequent to be counted, pupils widely dilated, profuse perspiration, temperature rise to 39C., constant and disconnected talking, marked delirium and convulsions; "very critical condition." In a child, 4 months old, one swabbing with a four per cent, solution caused well-marked toxic symptoms; and "alarming" effects followed two sprayings of the same solution in two infants, 3 and 6 months old. His opinion is:

> *"Cocaine must be used with great caution in young children under all circumstances."*

Grube injected 1-1/4 grains in a woman for local anaesthesia. It caused pallor, vertigo, vomiting, general numbness, pulse-weakness, difficulty in swallowing, chest-oppression, and dyspnoea. Dr. Heimann cited a case of a melancholic female to whom he gave 2/7 of a grain, subcutaneously. In 5 minutes she became very maniacal, continuing nearly an hour. Schnyder reported a case of a druggist who took two doses of 3/4 grain each, 45 minutes apart, for relief of headache, causing loss of sensation, trembling of hands and feet, spasms, cold extremities, thready pulse of 150, labored breathing, intense headache, jactitation, gesticulation, and delirium.

Bresgen put a pellet of cotton-wool moistened with 4 to 6 drops of a 20%, solution to the nostril of his wife. It caused chilliness, nausea, unsteady gait, excitement, followed by depression, difficult articulation, and restlessness, which continued for a whole night.

Dr. F. Tipton reported to me the case of a vigorously healthy female in whom he injected 4 minims of a 4%, solution for local anaesthesia. In 5 minutes she was "deathly pale, vomiting, feeble, frequent pulse, sighing, hiccoughing, and complaining of great numbness, with a sense of impending death."

Symptoms persisted 3 hours. Heymann observed the case of a boy aged 10, in whom cocaine applied by brush to larynx caused apathy, continuing 5 hours. Minney noted 2 cases of toxic effect from repeated applications of a 4%, solution to the nostrils. Dr. Howell Way gave me details of 4 cases observed by him, in which 5 to 60 minims of a four per cent, solution, instilled or injected for local anaesthesia, caused toxic symptoms, blanched face, blue lips, aphasia, dyspnoea, hallucinations, delirium, and unconsciousness. Dr. George N. Monette (JAMA) noted 3 cases occurring in dental practice, in which 2 to 4 drops of a 20%, solution injected in the gums caused vertigo, blindness, cold perspiration, and inability to walk, "completely unnerved; acted as if deranged."

Dr. R. M. Griswold informed me of a lad, aged 15, in

whom he injected 15 drops of a 4%, solution for local anaesthesia. In 4 minutes patient complained of faintness, vertigo, had stertorous breathing, with thready pulse of 160, and became blind and unconscious.

Manheim noted a woman in whom the subcutaneous injection of 2 decigrammes caused dyspnoea, irregular and suspended breathing, dysphagia, and agrypnia, lasting 30 hours. Gougenheim has collected a number of cases in which cocaine solution, applied to the throat, was followed by urgent symptoms.

Conclusions

There is a lethal dose of cocaine.
This dose is uncertain.
Toxic effects are not rare.
They may be the sequence of doses large or small, in patients old or young, the feeble or the strong." - Dr J. B. Mattison, M.D in "The Therapeutic Gazette", 1888.

1891

Restorative Wine of Coca

For Nervous Prostration, Brain Exhalation, Neurasthenia, and all forms of Mental and Physical Debility

"This Wine of Coca is so prepared that it contains the active principle of the leaves in a perfectly pure form. Moreover, it is absolutely free from all those foreign substances which all other wines of coca contain, and which interfere, to a great extent, with its curative influence.

It la well known that the cocaine contained in the coca-leaves varies considerably in its proportion; hence, giving to the wines, as ordinarily made, uncertain strength, and causing them to be unreliable in their action on the system. In the Restorative Wine of Coca the proportion of alkaloid is invariable, and the physician can, therefore, prescribe it with

the certainty of obtaining uniform results.

Prof. William A. Hammond, M.D., says: A wine glassful of this tonic, taken when one is exhausted and worn out, acts as a most excellent restorative; It gives a feeling of rest and relief, and there is no reaction and no subsequent depression. A general feeling of pleasantness is the result I have discarded other wines of coca and use this alone.

It produces also excellent results in cases of depression of spirits; in hysteria, headache, and In nervous troubles generally it works admirably. It Is a simple remedy, yet efficacious and remarkable in its results." - Advertisement in "The Medical Brief: A Monthly Journal of Scientific Medicine and Surgery", Vol. 19, 1891.

1895

Mechanism of Death in Cocaine Intoxication

"Maurel (Gaz. Med. de Paris, 1894, No. 6) gives a number of experiments on the toxic character of cocaine, and concludes that cocaine has a distinct action upon the leucocytes of the blood and upon the small vessels, the leucocytes assuming a spherical form and tending to place themselves next to the vessel-wall.

The contraction of the small vessels is often followed by embolism.

Small doses of cocaine were sufficient to cause alteration in the leucocytes, while intravenous injections were found to be very dangerous, even in the smallest doses, owing to embolism which formed in the lungs.

The writer is of the opinion that the chief danger in cocaine intoxication arises from the contraction of the smaller blood vessels." - in "Quarterly Journal of Inebriety", 1895.

1920

In the USA cocaine was added to the list of narcotics to be outlawed by the passing of The Dangerous Drug Act of 1920.

1928

Cocaine No Longer Necessary

"Cocaine has been widely used by nose specialists in spite of the toxicity and habit forming tendencies of this dangerous drug.

The double purpose for which it is used is to produce anesthesia and to shrink the mucous membranes. It has now been discovered that a combination of Butyn one-half per cent, and Ephedrine 1%, produces anesthesia and shrinks the mucous membranes, both actions being markedly prolonged with this solution.

The dosage used is much less toxic than the concentration of cocaine used to produce equal anesthesia. Butyn-Ephedrine Solution is not habit forming and requires no narcotic blank.

It was developed in the research department of the Abbott Laboratories, North Chicago, Illinois, and is supplied in 1 oz. Bottles." - in "Journal of Iowa State Medical Society", June 1928.

Chapter 19

Mercurial and all Mineral Preparations

"Are they ignorant yet that animal heat has no other cause but the free unobstructed circulation or communication of the blood and finest juices emanating therefrom? and that pains of all kind, inflammation, fevers, numbness, coldness, and finally death itself, are only the consequences of obstructed circulation and cessation of movement of the blood."

"The use of mercury has made more victims throughout the world than Bonaparte in all his campaigns. How such a substance should be administered as a remedy, and have such a vogue, surpasses the imagination, and shows the absurd lengths mankind may be carried, by mistaking and deviating from the path of nature, especially when

instigated and led on by those to whom they look up to direct them in the care of their health. Mercury, in all its shapes, is highly imimical to the human constitution. Are not the effects of it too visible, once received into the constitution?

It pervades the whole system, and settles in our bones.

It is by nature heavy and cold of itself, and renders its unhappy victim dull and melancholy, and a prey to all mental and bodily sufferings. Mercury is moreover indigestible: then it never changes nor assimilates itself to our other juices. It is given with a view to insinuate itself, break and divide the concocted humours; something in the same manner as the butler uses small shot to break the wine crusts fixed on his bottles, - but with this difference, that mercury taken into our bodies meets with organized matter, and may seriously injure the same. If taken as a purgative, its effects must be equally injurious, and one can expect from it none of the good to be derived from the vegetables of that description. It acts, and stimulates by its weight the canal to motion, but its effects do not extend farther; and it always leaves the patient dejected and weak, if nothing worse has happened by injury of some of the parts. How different from the effects of the vegetable evacuants!

They are digested, thereby insinuating themselves and their virtues into the smallest vessels, and excite in them a natural motion tending to cleanse and carry, off all impurities. Reasoning thereon is lost; but this is their nature, planted in them by the hand of the Almighty. On reflecting on the general use now made of mercury, and all its preparations, one can assign no other reason, but that, as it is contained in a small volume, and tasteless, you save the patient the disgust of a longer and more bitter draught. But this seems the curse attendant on the human race, that man can only preserve his health, or renovate it when lost, by swallowing a bitter draught; for there are no vegetable purgatives agreeable to the taste."

"Anodynes: are medicines which ease pain and procure sleep" - James Ewell, in "The Medical Companion or Family Physician;

Treating of the Diseases" 1827

Laudanum and Anodynes

"The reader once informed of the cause, the efficient cause, of all his sufferings and evils, will not be surprised at finding these drugs characterized here as his greatest enemies, immediately opposing an insurmountable bar to all future happiness and comfort of health, destining their unhappy victims to lead a precarious infirm life without vigour or joy, if they have by chance escaped a premature death, when first administered to them under any acute disease or commotion of the humours.

What can have impelled medical men to administer such drugs, but their improper and erroneous view of the functions of the human body? Who are the parents of a family, any way numerous, that have not witnessed their mortal consequences? or, if their offspring survives, emaciate and weak, it is to be the victims of a train of disorders, such as faintings, palpitations, and not unfrequently loss of intellect, despondency, and suicide. In my own family several, who by a different treatment would have been in full enjoyment of health and spirits, like those I have the happiness to have preserved from such a baneful poison, have fallen victims to this pernicious drug, administered by the doctors.

These medicines procure sleep, or rather insensibility: but it proves often the sleep of death. They are given to appease irritation, restlessness, and pain; but they destroy the springs of nature, and rivet the morbid humour deeper on the brain." - Dr James Morison, MD "Some important advice to the world or, The way to prevent and cure the diseases", London 1825.

Mercury Bichloride

This was one of the many Poison Drug that Allopathic Medical Doctors use to employ claiming to treat several diseases including Syphilis. The following is a case of

Bichloride of Mercury Poisoning by Vaginal Application, published in the Canadian Medical Association Journal in 1920

Bichloride of Mercury Poisoning By Vaginal Application

"I was called to see Mrs. -, age 28 years, suffering from several abdominal colic which had lasted several hours. The temperature and pulse were normal, tongue clean, no abdominal rigidity or tenderness or distention, no diarrhoea. I did not do a vaginal examination but made a diagnosis of intestinal colic. This made me think that there was more to the case than I had found out, so I went back and made a vaginal examination. In the posterior fornix I found a sticky mass, white and chalk-like in consistency. Then she told me that menstruation not having appeared on time, she desired to use a douche with some antiseptic tablets she had, but finding her syringe broken she had inserted the tablet itself as high in the vagina as possible.

I immediately gave a copious douche and while doing this she took a clonic convulsion. This was relieved by chloroform. In the next few hours she took several similar spells. The next day there was a complete anuria. She was kept in continuous hot packs and given magnesium sulphate purgation. At the end of 4 days, urine execretion had returned to about half normal quantity with considerable albumen. Hot packs were decreased to 3 a day.

One week later a severe spell of menorrhagia set in and she became intensely anaemic. Up to this time she appeared almost normal, but from that time she seemed to undergo a molecular or cellular death. The mind was clear but it seemed as if she were decomposing while still living. The odour from the body was nauseating, greyish pallor increased and at the end of about two and a half weeks from the onset she died." - Dr E. V. Frederick, MD

For further information on Bichloride of Mercury Poisoning you may read the Lectures of Professor A. T.

Thomson in "The Lancet", Vol. II, 15 July 1837.

The Treatment of Acute Mercuric Chloride Poisoning

"In 1915 Lambert and Patterson proposed a method of treatment for bichloride poisoning, designed primarily to accelerate the excretion of mercury from the body. Since that time the gradual acquisition of knowledge concerning this intoxication has led to innovations in its therapy. Various workers have from time to time advocated procedures designed to prevent certain of the toxic effects of mercury, and to combat certain of the physiologic disturbances occasioned by its presence in the body." - Edgar Hull, MD, Louis A. Monte, MD in "Annals of Internal Medicine", 1 July 1935.

Chapter 20

Polio Vaccine

"Polio was supposed to be wiped out in 1955. That's what we were given to understand last May by the U.S. Public Health Service, National Foundation for Infantile Paralysis and press agents for the serum houses. Instead-infantile paralysis increased many fold in some states, and apparently more than doubled in the United States as a whole. To make the public think Salk vaccine was safe, as well as effective, "field" trials were held at the Universities of Pittsburgh and Michigan. Unknown to the public the USPHS conducted its own private field trials at the National

Institute of Health in Washington. They assumed they could get the "right answer" from their own employees even if Drs. Salk and Francis fell down on them.

On June 9, 1955, Robert S. Allen said in his syndicated column:

> *"Doctors and others on the staff of the National Institute of Health are not inoculating their own children with Salk Vaccine."*

To the bewilderment of National Institute of Health big brass, their scientists were both capable and honest Many have children of their own. None could be bulldozed into giving the "right answer" because that didn't jibe with facts After experimenting on 1,200 monkeys (which cost the taxpayers $45 a piece) these scientists reported that Salk Vaccine was worthless as a preventive and dangerous to take. When children started dropping like flies, when the polio rate in Massachusetts reached 10-fold its 1954 level, when other states reported incredible increases in infantile paralysis - the American Medical Association belatedly looked into the matter at its mid-June convention in Atlantic City. But of all the press, the Milwaukee Journal was the only one to tell the bare, stark facts without trimmings. Here is what James C. Spaulding, staff writer covering the convention, said in the Journal June 19, 1955:

> *"A policy of secrecy and deception has been followed by the National Foundation for Infantile Paralysis and the U.S. Public Health Service in the polio vaccine programs. As a result the nation's physicians were prevented from learning vital information about the trouble in making and testing Salk vaccine. If this information hadn't been hidden, mass medical opinion might have forced United States Public Health Service and NFIP to take steps that would have prevented any of the vaccine from causing polio. The secrecy and deception started*

before field trials. One of the things that American Medical Association was not told was that the United States Public Health Service had an advisory group made up almost entirely of scientists who were receiving money from the National Foundation for Infantile Paralysis, which body was exerting pressure to go ahead with the program even after Salk Vaccine was found to be dangerous. In May some state public health officers met in Atlanta, expecting to be told what had gone wrong with the vaccine program. Instead the United States Public Health Service scientist said he was not permitted to disclose what had happened because it would jeopardize the investment of the pharmaceutical firms in the vaccine program"

Last July Dr. Graham W. Wilson, director of Britain's Public Health Laboratory service, who knew about the field trials at the National Institute of Health near Washington said:

"I do not see how any vaccine prepared by Salk's method can be guaranteed safe." - "The American Capsule News", 15 October 1955.

Smallpox Vaccine

"The Lymph which Dr. Edward Jenner, MD then used, and which he had kept in circulation 3 or 4 years about Berkeley, had been taken by him, not from the cow, but the horse, and never subsequently passed through the constitution. In fact, the disease is an equine, not a vaccine [cow] pox, as he decisively ascertained before he died, obtained from the vesicles which arise upon the skin of the horse's legs, in consequence of an erysipelatous affection excited by the matter of grease. I have extracted an account from some country of a goat pox, which so resembled the vaccine, that the doctors inoculated with it, and found it an equal preservative. However, this equine lymph of Dr.

Jenner produced a vesicle, which, he declared precisely resembled the natural cowpox vesicle on the teat of the cow." - Fosbroke in "The Lance", Vol. II, 1829.

"I have spent my entire adult life in academia, university, and clinical health science studies, practice and research on what causes illnesses like: schizophrenia, dementia, multiple sclerosis, learning disabilities and other debilitating illnesses. Through my research and work throughout the years, I have discovered that vaccinations are causing Impaired Blood Flow (ischemia) to brain and body, from clinically silent to death. These are strokes. I have reason to believe that; all vaccinations are causing overwhelming rise in autism, specific learning disabilities, attention deficit disorders, gulf war syndrome, dementia, seizure disorders and much more." - Dr. Andrew Moulden, MD in interview: "What You Were Never Told About Vaccines", 21 July 2009

"Childhood infections such as measles, mumps and rubella, where given to us by mother nature in order to mature the babies immature immune system, they are essential for us to go through they are necessary for us, the trouble is the vaccinations are a multi billion business. The first people who invented vaccines where good people they really wanted to something good for humanity. I am afraid that motivation is gone completely. Yes, they do save lives, just a certain group, but they damage more lives now, and the scales are being skew more to the damage." - Dr Natasha Campbell-McBride, MD in "Conscious Club", 2015.

"In the late 1950s and early 1960s, right before the measles mass vaccination program was introduced, the chance of dying from measles was 1 in 10,000 or 0.01%. A large 2004 Danish epidemiological study published in JAMA found that the risk of

febrile seizures after MMR vaccination is 1 in 640." - Dr Shira Miller, MD, President, Physicians for Informed Consent in "Physicians for Informed Consent Finds MMR Vaccine Causes Seizures in 5,700 U.S. Children Annually", 20 December 2017.

Chapter 21

The Uses and Abuses of Patent Medicines

"I have twice before adverted to the subject of the abuse of medicine: but I would again say, in the contemplation of disease we should ever take into account the evils which necessarily accompany the use of powerful remedies, lest whilst vanquishing one foe, we raise up another to be opposed in its turn. Medicine has been not unaptly compared to a torrent, which not only carries away with it the stones from a field, but likewise a good part of the field itself." - Dr Charles Turner Cooke, Surgeon, in "Affections of the Liver, Internal Organs, and Nervous System", 1828.

"It has been said that a thing must be very good before people will take the trouble to put it to a bad purpose.

That is, it must be good enough to be used before any one will abuse it. This principle holds good with regard to patent medicine better than with almost anything else.

When we see the (so called) medical works, and medical advertisements appealing to the lowest and most sensual passions; when we see violent poisons heralded forth as certain remedies for the effect of unlicensed passion, and when we see victim after victim sink to the grave through a too credulous belief in manufactured certificates of wonderful cures, we feel almost inclined to abandon the business. And, when we notice leading newspapers leading their powerful aid to the advancement of any and all these noxious things, we are inclined to leave their columns the exclusive possession of the nostrum, and depend upon our own publications, where we can appeal to reason alone, and induce the purchase of our remedies by the exposition of plain facts which will bear the most searching investigation.

As among Medical Practitioners, a great many are illiterate and stupid quacks, so a large portion of patent medicines are unworthy of the least confidence: as in the one case, you would employ as your family Physician, only men of tried experience and known ability; so in the other, you should use only remedies of standard value which have been severely tested. While, in view of the uncertainty of human life, no man can say I will do this an hour hence, lest that hour find him numbered with the millions who have passed , away before him, we do earnestly urge that this uncertainty would be largely diminished if proper attention was paid to the best means of restoring and preserving health." - in Graefenberg Health Almanac for the year of our Lord, 1857.

Dr George Somerville, MD

"Drugs never cure disease: they can only constitute a means to that end: Nature is the True and only Healer. Much

of so-called drug treatments is akin to the faith healing method.

And not infrequently a drug may cause ache or pain to disappear – but this is dangerous, for such a symptom is but the outward sign of disease, and merely to remove the symptom and leave the fundamental cause untouched is to court disaster.

It is easy to be so lured into a false security while the disease progresses obstructively until the time comes when the drug cannot control the symptoms". - Dr George Somerville, MD, DPM Deputy Medical Superintendent at the West Ham Mental Hospital. in "The Hygiene of Life and Safer Motherhood" pages 460-461 (1934).

Dr. William Osler on Pharma

Encyclopedia Americana, Vol, X, under the title of
"Medicine" 1920 by Dr. William Osler, MD & also in
A Concise History of Medicine
By William Osler, Medical Standard Book Co., 1919.

"The new school does not feel itself under obligation to give any medicines whatever, while a generation ago not only could few physicians have held their practice unless they did, but few would have thought it safe or scientific.

Of course, there are still many cases where the patient or the patient's friends must be humored by administering medicine or alleged medicine where it is not really needed, and indeed often where the buoyancy of mind which is the real curative agent, can only be created by making him wait hopefully for the expected action of medicine; and some physicians still cannot unlearn their old training.

But the change is great.

The modern treatment of disease relies very greatly on the old so called 'natural' methods, diet and exercise, bathing and massage, — in other words, giving the natural forces the fullest scope by easy and thorough nutrition, increased flow of blood, and removal of obstructions to the excretory systems or the circulation in the tissues.

"One notable example is typhoid fever. At the outset of the nineteenth century it was treated with “remedies” of the extremist violence, —bleeding and blistering, vomiting and purging, and the administration of antimony and mercury, and plenty of other heroic remedies. Now the patient is bathed and nursed and carefully tended, but rarely given medicine. (1)(2)(3)(4)

This is the result partly of the remarkable experiments of the Paris and Vienna schools in the action of drugs, which have shaken the stoutest faiths; and partly of the constant and reproachful object lesson of homeopathy. No regular physician would ever admit that the homeopathic preparations, “infinitesimal”, could do any good as direct curative agents; and yet it was perfectly certain that homeopaths lost no more of their patients than others did. There was but one conclusion to draw, that most drugs had no effect whatever on the diseases for which they were administered."

References:

(1) The Cold-Bath Treatment of Typhoid Fever, 1892

(2) A bold arraignment of the medical profession: for the practice of false theories, false pretenses, fraudulent claims for a false science, and for their determined purpose to oppose the cold bath in all fevers : and for publishing to the people that it is not beneficial, but hurtful, all for the purpose of deluding the people into employing them to treat the sick with their fraudulent science and to let them die: with the papers attached of Drs. Simon Baruch and G.C. Smythe, read before their respective medical societies, on the treatment of typhoid fever with cold water, 1890

(3) The Cold-bath treatment of typhoid fever, Dr Francis

Washington Everard Hare, MD 1898

(4) The influence of the cold bath treatment on the hospital mortality of typhoid, Dr Francis Washington Everard Hare, MD 1889

Pharmaceutical

The Life of Sir William Osler, By Harvey Cushing's, 1940.

"His belief that over-treatment with drugs was one of the medical errors of the day has been hinted at, and it was always one of his favourite axioms that no one individual had done more good to the medical profession than Hahnemann, whose therapeutic methods had demonstrated that the natural tendency of diseases was toward recovery, provided that the patient was decently cared for, properly nurses, and not over-dosed." P. 171

"For the crass therapeutic credulity, so widespread today, and upon which our manufacturing chemists wax fat, there is no more potent antidote than the health skepticism bred in long study in the post-mortem room." P. 249

"- ref to an article by Jacob Bigelow: 'On the Self-Limitation of Disease' - published in early to mid 1800's - try to get it. also "Osler's rational use of drugs was much too far advanced for staid Philadelphia." etc" P. 267

"Whenever there were cold about he was almost certain to be victimized and it became his custom to surrender immediately, to remain in bed for a day or two and to saturate himself with literature in lieu of drugs." P. 324

"His only weak spot was in therapeutics, if a healthy skepticism concerning drugs may be regarded as a weakness." P. 340

"Osler is a therapeutic conservative, a therapeutic skeptic, though by no means a nihilist. 'Many specifics have been

vaunted in scarlet fever, but they are all useless.' 'Pneumonia is a self-limited disease and runs its course uninfluenced in any way by medicine. etc' These are hard words for the neophyte but not for the experienced. Drugs, drugs is the cry of the average doctor, and the average patient, too. But drugs are not all, and in many cases it is well for us to remember their uselessness as compared to other means. Weir Mitchell, in his little book on Doctor and Patient, admirably puts the fact that, all along the history of medicine, the really great physicians were peculiarly free from the bondage of drugs.." P. 359

"He does not spare the physician who 'without physiology and chemistry flounders along in an aimless fashion, never able to gain any accurate conception of disease, practicing a sort of pop-gun pharmacy, hitting now the malady and again the patient, he himself not knowing which." P. 408

"To accept a great group of maladies against which we have never had and can scarcely ever hope to have curative measures, makes some men as sensitive as though we were ourselves responsible for their existence. These very cases are 'rocks of offense' to many good fellows whose moral decline dates from the rash promise to cure.

We work by wit and not by witchcraft, and while these patients have our tenderest care, and we must do what is best for the relief of their sufferings, we should not bring the art of medicine into disrepute by quack-like promises to heal or by wire-drawn attempts at cure in what old Burton calls continuate and inexorable maladies.

From The Treatment of Disease BMJ, 1909, ii, 185-9, the great struggle with that many headed monster, Polypharmacy - the practice of discharging a heavily- loaded prescription at every malady, or at every symptom of it. I have often been branded as a therapeutic nihilist. I bore this reproach cheerfully, coming as I knew it did, from men who

did not appreciate the difference between the giving of medicine and the treatment of disease." P. 865

"he went on to discuss the 'specious and seductive pamphlets issued by pharmaceutical houses' which 'indicate a thralldom not less dangerous than the polypharmacy from which we are escaping'; the other 'the outbreak of faith-healing which seems to have the public of the American continent in its grip'. 'The less the clergy have to do with the bodily complaints of neurasthenic and hysterical persons the better for tier peace of mind and the reputation of the cloth." P. 866

"I had a good night, and smell the rose above the mould this morning. And on being asked to explain this he replied that Thomas Hood's 'Stanzas' was a good poem for doctors, and all should know it. And so things dragged on, with increasing fever and cough, till one day between his paroxysms he announced that 'pneumonia at 70 is fatal; here is a list of people to give my love and good-bye to. But in spite of his premonition, the irrepressible spirit and sense of humor was usually uppermost, and it was rare for the mould to get the upper hand. I have had a ____ of a time, yet with it all no pain, no headache, distress only when the heavy paroxysm of coughing grips me in a convulsion. There is nothing I do not know of the varieties and vagaries of coughs and coughing - the outcome is far away. Shunt the whole pharmacopoeia, except opium. It alone in some form does the job. What a comfort it has been." P. 1357

"Sister Edwards his nurse wrote "When every night between the hours of 2 and 4 a.m. those dreadful attacks of coughing were at their worst, he never complained, and though utterly exhausted with the effort his face would

suddenly light up and his eyes flash as he made some humorous remark. He disliked mixtures very much and would as he put it only take something 'plain', 'Why spoil a wonderful drug like opium by mixing it with inferior things?' he would say, I am quite sure that he knew from the first that his illness would prove fatal once after the consultants had left him, with a cheery word about his recovery to which he had as cheerily responded, he looked up at me and said, 'Ah, Sister, we know, don't we?'" P. 1359

"All bronchial therapy is futile - there is nothing my good doctors have not made me try, but the only things of any service whatever in checking the cough have been opiates - a good drink of the paregoric bottle or a hypodermic of morphine. I have a splendid nurse." P. 1361

Shattering Cancer with Resonant Frequencies

"I'm a music professor. I'm going to talk about my activities in the field of science. And how they led to a cancer research lab, and an important breakthrough.

A scientist said:

"You're killing more cancer cells than as if you had used radiation."

This was an astonishing thing to hear, especially for a music professor who had just completed his first experiments in a cancer lab. But we didn't use any radiation. We didn't use any drugs. So what did we do?

I have here two identical tuning forks, both tuned to the note A, the note an orchestra tunes to. These forks are both made to vibrate 440 times per second, (their frequency is 440 hertz). If I tap this fork, putting little pulses of energy into it,

the second fork will also vibrate in sympathy, and if I silence this fork, we just may hear the other singing its tone, (Sound of an A note). We say that I'm inducing a sympathetic resonant vibration in the second fork. It only works because both forks are tuned to the exact same frequency. Over the course of 15 months, we try hundreds and hundreds of frequencies, if not thousands, until we find the magic combination. The answer is you have to have two input frequencies, one low, one high, and the higher frequency must be eleven times the lower. It's what we, musicians, would call the 11th Harmonic. When we add the 11th harmonic, we begin to shatter microorganisms like a crystal glass. These organisms are being shattered by our electronic signals. They begin to disintegrate within about 3 minutes. We now know that cancer is vulnerable between the frequencies of 100,000 hertz and 300,000 hertz." - Professor Anthony Holland, in "Shattering Cancer with Resonant Frequencies", TEDx Skidmore College, 2013.

The Cancer Cure That Worked

This information was known since 1938, by the exact work made by Dr. Royal Raymond Rife (1888–1971), using exactly the same principles and obtaining the same identical results. At the time the Medical Trade AMA, scorned and persecuted Dr. Royal Rife, in an attempt to annihilated his work, in order to suppress anything that the Medical Trade could eventually not control or make a profit from it. It is important to know that the American Trade is not a charity.

> *"Having spent every dime earned in my research for the benefit of mankind, ended up as a pauper, but achieved the impossible and would do it again." - Dr. Royal Rife*

Chapter 22

Statins

"Cholesterol is a very vital molecule in the body. It's involved in the immune system, it's important for hormone production, maintaining the integrity of cell membranes, neurological function. And the explanation for why elderly people probably live longer with higher cholesterol than people, who don't have high cholesterol, is likely due to the involvement with the immune system and the protection from life-threatening infections like pneumonia." - Dr. A. Malhotra, British Cardiologist in "Be Well" 2018.

"A pharmaceutical patent has 17 years of validity. If I register a molecule and I register its patent, I will be the owner of that

molecule for 17 years, but for I to be able to register the patent for a pharmaceutical molecule, I have to prove to the authorities that this molecule doesn't exist in the planet. Do you know what is called something that doesn't not exist in planet earth? E.T. (extra terrestrial), I have to prove that the new molecule is a E.T., if that pharmaceutical molecule is an E.T., my body doesn't know how to recognize it. When I place a Statin in my mouth, that is an E.T., my body says "what do I do with this?" Eliminate, in doubt eliminates. The body starts the process of elimination. But for and during this process of elimination the body has to expend a huge amount of energy. It is then when the body starts to have side effects. Look at every medical drug, it has a printed note alongside. Read the small print in the medication drug note, and lets see if you still take the medication." - Dr Lair Ribeiro, MD a Brazilian cardiologist and physician writer. Lair lived for 17 years in the United States. He worked at Harvard Medical School, Baylor College of Medicine and Thomas Jefferson University.

"Obsession with levels of total cholesterol, has led to the overmedication of millions of people with statins. Statins the second most prescribed drug in the US and driving a multibillion dollar global industry. Adopting a Mediterranean diet after a heart attack is almost 3 times as powerful in reducing mortality as taking a statin." - Dr. A. Malhotra, MD, in "British Medical Journal", 26 Oct. 2013.

"For example we know that statins have shown benefit in clinical trials, although I would take those with a pinch of salt because they are industry sponsored trials, so they're best case scenario. But statins for people with heart disease... if you take a statin and you have a heart attack there is 1:83 chance it will prevent or delay your death if you take it every day for 5 years and about 1:39 chance it will prevent a non-fatal heart attack. But that means 82 out of 83 are not going to live longer, and 38 of 39 people taking a statin who

have had a heart attack are not going to be prevented from another heart attack because of the statin.

Even in people with heart disease, because many patients even who had heart attack stop statins within a couple of years. And their side effects is being the reason. I think we have over-medicated millions of people on statins, but the key thing is giving information to that individual patient, based upon the data that is there to tell them what the true benefit is. And that benefit is very small, certainly it doesn't prolong life in people who haven't had heart attacks and there is a small benefit from clinical studies in people who've had heart disease.

They think if they are taking a statin and they are controlling a lab number, the cholesterol levels, then that means everything's fine and they can eat junk food. And in fact actually that can be very harmful. So in fact there is a net harm in my view in giving statins to healthy people, especially for those people following unhealthy lifestyles." - Dr. A. Malhotra, MD, interview "Diet Doctor", 2018.

"No evidence having high levels of bad cholesterol causes heart disease, claim 17 physicians as they call on doctors to 'abandon' statins. Researchers have warned statins offer no protection to millions of people. The findings add to the ever-growing row over the cholesterol-busting pills. High levels of LDL-C has been considered a major cause of heart disease. The new study, of almost 1.3 million patients, shows there is no such link." - in "Daily Mail", 17 Sept. 2018.

"How many millions of people have been psychologically and physically scarred by 'high cholesterol' scaremongering and the consequences of drug side effects, and low saturated fat, high sugar foods. More evidence of the biggest mistake and scandal in the history of medicine." - Dr. A. Malhotra, MD, 17 Sep. 2018.

Cholesterol, The Great Bluff

A few highlights of "Cholesterol, The Great Bluff",

Documentary, produced by the French TV Channel ARTE, 2016 .

> *"Cholesterol is an essential fat for producing our cells, we can't live without cholesterol, without cholesterol we'd die." - Doctor Dominique Dupagne, General Practitioner, Medical Journalist.*

> *"Cholesterol is an essential molecule for the body. Most of our cholesterol is produced by the liver. According to studies, between 70 and 80% of body cholesterol is produced by our liver, and the rest is provided by food." - Dr Sylvain Duval.*

Ancel Keys Theory

The Ancel Keys Hypothesis, Japan, Italy, England, Australia, Canada and the U.S., and country's with high than average Cholesterol levels, like France where left out.

"In France the average cholesterol levels were higher than the international average, and yet it suffered from the lowest number of heart attacks! So he (Ancel Keys) didn't use France's statistics. He was still manipulating data, he wasn't trying to validate his hypothesis, he was trying to prove his hypothesis was right by manipulating facts. that's very bad, and it started a war against cholesterol in Europe and other regions which had serious implications and wasn't even based on solid facts." - Doctor Dominique Dupagne, General Practitioner, Medical Journalist.

"When I began my career in 1985 as a cardiologist, the normal level was around 3 grams per litre, and since I've been working, this level has gradually decreased and now sits below 2 grams per litre. So naturally, more and more people have a so-called 'high' cholesterol level." - Dr Mikael Rabaeus, MD, Cardiologist.

Cholesterol Guidelines

"In 2001 the American Cholesterol guidelines, 9 out of 14 of the experts who where on the panel that set the standards had financial ties to the drug industry. The 2001 guidelines almost tripled the number of Americans for whom statin therapy was recommended, it went from 13 million to 36 million.

And 23 million people for whom statins became recommended, based on those guidelines, did not yet have heart disease." - Professor Doctor John Abramson, MD

Drug Toxicity

"Statins, and anti-cholesterol drugs in general, cross over the blood-brain barrier, which means they enter the brain and disturb the production of cholesterol within the brain. This has an awful secondary effect because no one was aware of it until recently, and due to pressure from certain doctors and toxicologists, the health authorities finally admitted that statins could cause memory problems, sleep disorders, and therefore neuro-toxicity." - Dr Michel de Lorgeril, MD

> *"In regard to sleep, which is usually disturbed, its physiologic character should be kept in view and, while drugs probably can not produce that balmy sleep, "Nature's sweet restorer", because natural sleep is a resultant of antecedent conditions and these conditions can not be produced by medicines, I believe that when medicines are given for the purpose of inducing some kind of sleep they should be given in sufficiently large quantities to secure the condition of profound slumber, but not oftener than every second or third night and less frequently if possible. If the organism is clean and well nourished and this means physiologic perfection, sleep will take care of itself, and it is this cleanliness and nutrition of the organism that is the aim and end of all treatment, whether it be curative or preventive." - Dr John W. Givens, MD, Superintendent Idaho Insane Asylum, in "Some Suggestions as to the Treatment of Acute Mania", read at the*

45th Annual Meeting of the American Medical Association, 1894.

Clinical Trials

"With 85% of all our clinical trials commercially funded, and now, 97% of the most influential clinical trials commercially funded, what we find is the odds are more than 5 times greater. That commercially funded trials will conclude that the sponsors drug is the treatment of choice, compared to non-commercially funded trials, on exactly the same drug. The companies own the data." - Prof Dr John Abramson, MD

The Excretory Function of Bile The Elimination of Drugs and Toxic Substances in Bile

"Dr. R. L. Smith, at St. Mary's Hospital Medical School has collected and catalogued a great many of the drugs and toxic substances that are excreted into the bile. The principles involved in the biliary excretory function of the liver. Kinetics as applied to biliary excretion, the biochemical mechanism of biliary excretion, and the effects of pathologic conditions on the biliary excretory process are neglected." - Paul S. Lietman, Clinical Pharmacology, Johns Hopkins University School of Medicine in "American Scientist", Vol.63, No.1, 1975.

"The biliary route of excretion of foreign compounds has not received a great deal of attention from toxicologists, but it is now becoming increasingly recognized as an important factor in the overall elimination of drugs, pesticides and food additives.

The biliary excretion of specific foreign compounds; from simple aliphatic compounds, such as dimethyl sulphoxide

and chlorinated hydrocarbons, to drugs (including sulphonamides, antibiotics and cardiac glycosides), pesticides, azo dyes (long used in the food, cosmetic and pharmaceutical industries) and polycyclic hydrocarbons." - in "Food Cosmetic Toxicology", 1974.

"This book, as its subtitle indicates, deals mainly with the role of bile in the excretion of foreign compounds from the mammal. Bile undoubtedly has an excretory function with respect to foreign compounds in the liver, the excretion of a drug metabolite in the bile (as opposed to the urine) often delays its elimination from the animal. Thus, as is often the case when foreign compounds take part in normal metabolic processes, the result is not necessarily beneficial to the organism." - in "Biochemical Society Transactions", 1974.

Chapter 23

Adverse Reactions to Medical Trade Drugs

"Certain substances are possessed of an affinity for specific parts of the system." From this fundamental view, first enunciated by Virchow (Specificer, und Specifisches. Archiv, für patholog. Anatomie, Bd VI., 1854, p. 34), it follows that a whole series of remedies may, in addition to their curative effects, give rise to symptoms, either by direct or through reflex action upon similar or dissimilar groups of cells, which should not have been occasioned in securing the therapeutic effects of the remedy. In this way, in the exhibition of opiates, for instance, are not only the nerve centres and nerves affected, but also the peripheral nervous structure, and there follows in consequence, in addition to the more or less pronounced hypnotic effects of the drug, a transitory impairment of the motor nerve supply of the intestines, and through this, constipation." - Dr L. Lewin, MD in "The Untoward Effects of Drugs", 1883.

"The Number of Constipation as a side effect of Drugs is to numerous the parts here shown are just a sample of the many described in the BNF, please obtain an updated copy

for your consultation and use.

Any drug may produce unwanted or unexpected adverse reactions: Rapid detection and recording of adverse drug reactions is of vital importance so that unrecognised hazards are identified promptly and appropriate regulatory action is taken to ensure that medicines are used safely.

Healthcare professionals and coroners (see also Self-reporting below) are urged to report suspected adverse drug reactions directly to the Medicines and Healthcare products Regulatory Agency (MHRA) through the Yellow Card Scheme using the electronic form at yellowcard.mhra.gov.uk. Alternatively, prepaid Yellow Cards for reporting are available from the address below and are also bound in this book (inside back cover).

Send Yellow Cards to:
FREEPOST YELLOW CARD
(No other address details required) Tel: 0800 731 6789

Note: There are only 2 such cards in the back of the BNF

Suspected adverse drug reactions to any therapeutic agent should be reported, including drugs, blood products, vaccines, radiographic contrast media, complementary and herbal products. For biosimilar medicines and vaccines, adverse reaction reports should clearly state the brand name and the batch number of the suspected medicine or vaccine.

Established drugs and vaccines Healthcare professionals: and coroners are asked to report all serious suspected reactions to established drugs and vaccines.

Serious reactions include those that are fatal, life-threatening, disabling, incapacitating, or which result in or prolong hospitalisation, or a congenital abnormality; they should be reported even if the effect is well recognised.

Examples include anaphylaxis, blood disorders, endocrine disturbances, effects on fertility, haemorrhage from any site, renal impairment, jaundice, ophthalmic disorders, severe CNS effects, severe skin reactions, reactions in pregnant women, and any drug interactions.

Reports of serious adverse reactions are required to enable comparison with other drugs of a similar class. Reports of overdoses (deliberate or accidental) can complicate the assessment of adverse drug reactions, but provide important information on the potential toxicity of drugs. For established drugs there is no need to report well known, relatively minor side-effects, such as dry mouth with tricyclic antidepressants or constipation with opioids.

Oral mucosa: Medicaments left in contact with or applied directly to the oral mucosa can lead to inflammation or ulceration;

Periodontium: Gingival overgrowth (gingival hyperplasia) is a side-effect of phenytoin and sometimes of ciclosporin or of nifedipine (and some other calcium-channel blockers). Thrombocytopenia may be drug related and may cause bleeding at the gingival margins, which may be spontaneous or may follow mild trauma (such as toothbrushing).

Salivary glands: The most common effect that drugs have on the salivary glands is to reduce flow (xerostomia).

Taste: There can be decreased taste acuity or alteration in taste sensation. Many drugs are implicated, including amiodarone, calcitonin, ACE inhibitors, carbimazole, clarithromycin, gold, griseofulvin, lithium salts, metformin, metronidazole, penicillamine, phenindione, propafenone, protease inhibitors, terbinafine, and zopiclone.

Prescribing in Hepatic Impairment: Liver disease may alter the response to drugs in several ways as indicated below, and drug prescribing should be kept to a minimum in all patients with severe liver disease. The main problems occur in patients with jaundice, ascites, or evidence of encephalopathy.

Impaired Drug Metabolism: Metabolism by the liver is

the main route of elimination for drugs.

Hepatic Encephalopathy in severe liver disease: Many drugs can further impair cerebral function and may precipitate hepatic encephalopathy. These include all sedative drugs, opioid analgesics, those diuretics that produce hypokalaemia, and drugs that cause constipation.

Fluid overload: Oedema and ascites in chronic liver disease can be exacerbated by drugs that give rise to fluid retention, e.g. NSAIDs and corticosteroids.

Hepatotoxic drugs: Hepatotoxicity is either doserelated or unpredictable (idiosyncratic). Drugs that cause dose-related toxicity may do so at lower doses in the presence of hepatic impairment than in individuals with normal liver function, and some drugs that produce reactions of the idiosyncratic kind do so more frequently in patients with liver disease. These drugs should be avoided or used very carefully in patients with liver disease.

Principles of dose adjustment in renal impairment: The level of renal function below which the dose of a drug must be reduced depends on the proportion of the drug eliminated by renal excretion and its toxicity. For many drugs with only minor or no dose-related side effects very precise modification of the dose regimen is unnecessary and a simple scheme for dose reduction is sufficient. For more toxic drugs with a small safety margin or patients at extremes of weight, dose regimens based on creatinine clearance (see below for details) should be used. When both efficacy and toxicity are closely related to plasma-drug concentration, recommended regimens should be regarded only as a guide to initial treatment; subsequent doses must be adjusted according to clinical response and plasma-drug concentration. Renal function declines with age; many elderly patients have renal impairment but, because of reduced muscle mass, this may not be indicated by a raised serum creatinine. It is wise to assume at least mild

impairment of renal function when prescribing for the elderly.

The total daily maintenance dose of a drug can be reduced either by reducing the size of the individual doses or by increasing the interval between doses. For some drugs, although the size of the maintenance dose is reduced it is important to give a loading dose if an immediate effect is required. This is because it takes about five times the half-life of the drug to achieve steady-state plasma concentrations. Because the plasma half-life of drugs excreted by the kidney is prolonged in renal impairment it can take many doses for the reduced dosage to achieve a therapeutic plasma concentration. The loading dose should usually be the same size as the initial dose for a patient with normal renal function. Nephrotoxic drugs should, if possible, be avoided in patients with renal disease because the consequences of nephrotoxicity are likely to be more serious when renal reserve is already reduced. Dose recommendations are based on the severity of renal impairment.

Pain management with opioids: The patient must be monitored closely for efficacy and side-effects, particularly constipation, and nausea and vomiting. A suitable laxative should be prescribed routinely.

Constipation: Constipation is a common cause of distress and is almost invariable after administration of an opioid analgesic. It should be prevented if possible by the regular administration of laxatives; a faecal softener with a peristaltic stimulant (e.g. co-danthramer) or lactulose solution with a senna preparation should be used. Methylnaltrexone is licensed for the treatment of opioidinduced constipation.

Prescribing for the elderly: Old people, especially the very old, require special care and consideration from prescribers. Medicines for Older People, a component document of the National Service Framework for Older

People, describes how to maximise the benefits of medicines and how to avoid excessive, inappropriate, or inadequate consumption of medicines by older people.

Appropriate prescribing: Elderly patients often receive multiple drugs for their multiple diseases. This greatly increases the risk of drug interactions as well as adverse reactions, and may affect compliance (see Taking medicines to best effect under General guidance).

The balance of benefit and harm of some medicines may be altered in the elderly. Therefore, elderly patients' medicines should be reviewed regularly and medicines which are not of benefit should be stopped. Non-pharmacological measures may be more appropriate for symptoms such as headache, sleeplessness, and light headedness when associated with social stress as in widowhood, loneliness, and family dispersal.

In some cases prophylactic drugs are inappropriate if they are likely to complicate existing treatment or introduce unnecessary side-effects, especially in elderly patients with poor prognosis or with poor overall health. However, elderly patients should not be denied medicines which may help them, such as anticoagulants or anti platelet drugs for atrial fibrillation, anti hypertensives, statins, and drugs for osteoporosis.

Form of Medicine: Frail elderly patients may have difficulty swallowing tablets; if left in the mouth, ulceration may develop. They should always be encouraged to take their tablets or capsules with enough fluid, and whilst in an upright position to avoid the possibility of oesophageal ulceration. It can be helpful to discuss with the patient the possibility of taking the drug as a liquid if available.

Manifestations of ageing: In the very old, manifestations of normal ageing may be mistaken for disease and lead to inappropriate prescribing. In addition, agerelated muscle weakness and difficulty in maintaining balance should not

be confused with neurological disease. Disorders such as light headedness not associated with postural or postprandial hypotension are unlikely to be helped by drugs.

Sensitivity: The nervous system of elderly patients is more sensitive to many commonly used drugs, such as opioid analgesics, benzodiazepines, antipsychotics, and anti parkinsonian drugs, all of which must be used with caution. Similarly, other organs may also be more susceptible to the effects of drugs such as anti hypertensives and NSAIDs.

Pharmacokinetics: Pharmacokinetic changes can markedly increase the tissue concentration of a drug in the elderly, especially in debilitated patients.

The most important effect of age is reduced renal clearance. Many aged patients thus excrete drugs slowly, and are highly susceptible to nephrotoxic drugs. Acute illness can lead to rapid reduction in renal clearance, especially if accompanied by dehydration.

Hence, a patient stabilised on a drug with a narrow margin between the therapeutic and the toxic dose (e.g. digoxin) can rapidly develop adverse effects in the aftermath of a myocardial infarction or a respiratory tract infection. The hepatic metabolism of lipid soluble drugs is reduced in elderly patients because there is a reduction in liver volume. This is important for drugs with a narrow therapeutic window.

Adverse reactions: Adverse reactions often present in the elderly in a vague and non-specific fashion. Confusion is often the presenting symptom (caused by almost any of the commonly used drugs). Other common manifestations are constipation (with antimuscarinics and many tranquillisers) and postural hypotension and falls (with diuretics and many psychotropics).

Hypnotics: Many hypnotics with long half-lives have serious hangover effects, including drowsiness, unsteady

gait, slurred speech, and confusion. Hypnotics with short half-lives should be used but they too can present problems (section 4.1.1). Short courses of hypnotics are occasionally useful for helping a patient through an acute illness or some other crisis but every effort must be made to avoid dependence. Benzodiazepines impair balance, which can result in falls.

Diuretics: Diuretics are overprescribed in old age and should not be used on a long-term basis to treat simple gravitational oedema which will usually respond to increased movement, raising the legs, and support stockings. A few days of diuretic treatment may speed the clearing of the oedema but it should rarely need continued drug therapy.

NSAIDs: Bleeding associated with aspirin and other NSAIDs is more common in the elderly who are more likely to have a fatal or serious outcome. NSAIDs are also a special hazard in patients with cardiac disease or renal impairment which may again place older patients at particular risk. Owing to the increased susceptibility of the elderly to the side-effects of NSAIDs the following recommendations are made:

. for osteoarthritis, soft-tissue lesions, and back pain, first try measures such as weight reduction (ifobese), warmth, exercise, and use of a walking stick;

. for osteoarthritis, soft-tissue lesions, back pain, and pain in rheumatoid arthritis, paracetamol should be used first and can often provide adequate pain

relief;

. alternatively, a low-dose NSAID (e.g. ibuprofen up to 1.2 g daily) may be given;

. for pain relief when either drug is inadequate, paracetamol in a full dose plus a low-dose NSAID may be given;

. if necessary, the NSAID dose can be increased or an opioid analgesic given with paracetamol;

. do not give two NSAIDs at the same time.

For advice on prophylaxis of NSAID-induced peptic ulcers if continued NSAID treatment is necessary.

Other Drugs: Other drugs which commonly cause adverse reactions are anti parkinsonian drugs, anti hypertensives, psychotropics, and digoxin. The usual maintenance dose of digoxin in very old patients is 125 micrograms daily (62.5 micrograms in those with renal disease); lower doses are often inadequate but toxicity is common in those given 250 micrograms daily.

Drug-induced blood disorders are much more common in the elderly. Therefore drugs with a tendency to cause bone marrow depression (e.g. co-trimoxazole, mianserin) should be avoided unless there is no acceptable alternative. The elderly generally require a lower maintenance dose of warfarin than younger adults; once again, the outcome of bleeding tends to be more serious." - in "British National Formulary BNF 68 September 2014 - March 2015, Published by British Medical Association & Royal Pharmaceutical Society.

Vioxx

"Rofecoxib (Vioxx) was introduced by Merck in 1999 as an effective, safer alternative to Non-Steroidal Anti-Inflammatory Drugs (NSAID) for the treatment of pain associated with osteoarthritis. It was subsequently found to increase the risk of cardiovascular disease and withdrawn from the worldwide market. Merck now faces legal claims from nearly 30 000 people who had cardiovascular events while taking the drug." - in "What have we learnt from Vioxx", British Medical Journal, 20 January 2007.

"FDA analysts estimated that Vioxx caused between 88,000 and 139,000 heart attacks, 30% to 40% of which were probably fatal, in the 5 years the drug was on the market." - in "Congress Questions Vioxx, FDA", PBS NewsHour, 2004-

11-18.

Specialist Affirms that Diseases are Created by Laboratories to Increase Sales

"Dr. Emilio La Rosa. Vice-president of the Unesco International Bioethics Committee, questions some practices of the pharmaceutical industry and his concept that "everything is cured with medicines."

What are the diseases that have been "created" by the pharmaceutical industry?

"For example, prehypertension, andropause, and female sexual dysfunction syndrome, premenstrual dysphoric syndrome (colic). Andropause is a disease that you want to create and in reality this is nothing other than the decrease in the production of testosterone in men. But this is physiological, that is, all men from 45 to 50 years old begin to lower their testosterone levels.

The process of creating a disease is very simple. They add a series of symptoms and give it the category of disease by doing "scientific" work. Hypertension is diagnosed when the person has a maximum pressure greater than 145 and a minimum pressure greater than 90. Now, they have created a new condition that is when the person has between 120 and 139 systolic and between 80 and 89 diastolic. They call it prehypertensive syndrome. In France, where I live, there are 11 million hypertensive patients, plus prehypertensive patients, we reach the 36 million people who "would need" treatment.

Suppose tomorrow we find the medicine that cures high blood pressure. The person is going to take it and heal? You wont need, or pay for more medications? If individuals stop

taking medicine, who will stop winning? The pharmaceutical industry! Why does the Pharmaceutical Trade create these diseases? To create more markets! This Pharmaceutical Industry, is the one with the highest rate of profit (annual net profits), which is more or less 18%. To give you an idea, in the financial sector is 15%.

Every year there are new medicines that cease to be the property of, say, a laboratory and enter the public domain, that is, they become generic. So the pharmaceutical industry loses money. The second is that it is increasingly difficult to put new molecules on the market with effects superior to those that already exist. Not only more difficult, but also more expensive."

What is the risk of treating, as in the case of "prehypertensive patients", people who do not require treatment?

"These medications can eventually cause some kind of side effect that will actually trigger an illness. What is needed is an initiative from the States themselves. For example, to create an organization that regulates these issues and that it is the State and not the laboratories that work with the doctors themselves so that there are no conflicts of interest. The pharmaceutical industry is drifting into ways that are not ethically acceptable. Health risk versus interest"

What is a cosmetic medicine?

"It is a medicine that they assure is of long absorption, but in reality it doesn't have a true benefit, and ends up costing up to 8 times more. A large part of the anti-inflammatories are in that group. One case was the drug Vioxx. After a few years it was found to produce serious side effects at the cardiac level, including deaths. The lab left Vioxx on the market, as it calculated it would pay less for the deaths than its earnings would be that year." - Cynthia Campos, in "La Republica", 28 August 2011.

Association of Proton Pump Inhibitors With Risk of Dementia

"Conclusions and Relevance: The avoidance of Proton Pump Inhibitors (PPI) medication may prevent the development of dementia. This finding is supported by recent pharmacoepidemiological analyses on primary data and is in line with mouse models in which the use of PPIs increased the levels of β-amyloid in the brains of mice. Randomized, prospective clinical trials are needed to examine this connection in more detail." - JAMA Neurol. 2016;73(4):410-416. doi:10.1001/jamaneurol.2015.4791

Complex Prescriptions

"While "curare cito, tuto et jucunde - to cure quickly, safely, and pleasantly" is our aim, simple prescriptions must be preferred to complex prescriptions, provided they produce as good results. The more complex the remedy, the more unmanageable and liable to unforeseen complications does it become". - Dr Bernard Fantus, MD, in "American Medical Association", 1920.

The Nefast Effects of Synthetic Made Drugs on the Bowel lining

It is known that: "Alcohol, aspirin and non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen are well-known irritants of the bowel lining. They damage the seals between cells, allowing water-soluble substances to pass

through the gaps and into the bloodstream." - NHS in "Leaky gut syndrome", 2018.

The Various Forms of Skin-Irritation Due to the Administration Of Drugs

"That peculiarity of constitution which, for want-of a better name, we call idiosyncrasy, forms undoubtedly one of the bugbears of therapeutics. In no given case can we confidently predict that calomel, or quinine, or iodide of potassium will not produce effects very inconvenient to our patients, and not improbably damaging to our own professional credit. For the public, unmindful or ignorant of the fact that medicine is far from being an exact science, naturally expect their doctors to save them from the unnecessary physiological effects of drugs, the mere swallowing of which is in itself more than sufficient penalty for the accident of sickness.

A violent coryza or irritating and disfiguring rash will not unnaturally suggest to the sufferer that the remedy may really be worse than the disease; and We, who were in no degree prepared for their occurrence in this particular case, may be unjustly accused for our want of foresight and, indeed, we can hardly blame uninstructed persons for their alarm on the sudden appearance of some quite unexpected symptoms superadded to the ordinary phenomena of their probably trifling ailment.

Whilst particular drugs are taken, eruptions may suddenly break out, and simulate with terrifying accuracy the more infectious forms of zymotic disease. Measles may thus be, and often has been, more than suspected, until the further progress of events cleared up the diagnosis. Scarlet fever has been pretty accurately imitated. Pustules hive appeared, bearing more than a fancied resemblance to

small-pox or to syphilis. We can well imagine the consternation thus excited in families or schools or regiments; the probabilities of a rapidly spreading epidemic, with all its attendant horrors; the sage council of confident laymen; the arrival arrival of the doctor, who perhaps cannot at first do more than add the weight of his medical authority to the worst apprehensions of his patient; and when, at last, the whole matter is explained, and when it is made known that a trifling dose of physic was really the sole offender, the vials of wrath are too apt to be turned on the prescriber for ordering medicine of whose uncomfortable results he did not,seem to be fully aware.

Now, unjust as this might seem, the condemnation has this element of truth, that medical men should be fully informed of all these peculiarities of idiosyncrasy, and should even warn their patients beforehand that certain indispensable medicines are occasionally, but fortunately rarely, followed by certain pretty definite symptoms or appearances, which, as a rule, they can neither foresee nor avert.

A large mass of evidence from many authentic sources, as well as the results of our own individual experience, must have convinced us that certain aspects of cutaneous irritation follow the administration of particular drugs with sufficient regularity and definition of form to stand in the relation of cause and effect. I well remember, some years ago, trying to persuade a senior practitioner of good standing and leading position, that certain spots of acne, which I pointed out in the forehead of a lady, were due to the bromide of potassium prescribed by him.

In the following remarks I hope to be able to give, in moderately brief compass, some kind of orderly sketch of the various forms of cutanedus eruption caused by the administration of special drugs. We all know that, in proportion to the strength of the agent itself, to the duration of its use, and to the susceptibility of-the skin to which it is applied, so is the degree of redness and smarting and vesication which follows, and with which we are all familiar in the case of sinapisms and blisters.

Croton-oil and antimony bring out a pustular rash, strongly suggestive of variola; but we have, here' to dead with invariable physiological action, and the only point which touches upon idiosyncrasy is the very varying tenderness of the skin, which we meet with more especially in private practice. There are persons in whom a single mustard-poultice will cause prolonged shedding of the cuticle and a red stain persisting for days, and even weeks. I have seen one application of compound camphor liniment cause deep and obstinate ulceration; two paintings with iodine liniment are usually sufficient to produce an irritation far more distressing to patients than the defined pain of vesication.

Remember also, that mercurial applications, and more especially the ordinary blue ointment, are very apt to bring out a crop of pustules, surrounding the roots of the hairs; and this can only be avoided by scrupulous cleanliness, and by constant change of the site of application. Tar also produces much the same kind of pustulating effect, but is much more irritating, and may even cause acute inflammation of the skin. A woman who was under my care last winter at the Skin-Department of St. Mary's Hospital, with an oblong patch of psoriasis on the leg, was ordered to apply unguentum picis liquidae, and appeared the following week in great pain. Intense inflammation was found to have been produced on the sound skin, over an area several inches in breadth, and separated from the scales of the cutaneous affection by a band of greyish discoloration, apparently the precursor of a large slough.

Salicylic acid, which was first introduced as a purely local application, and used with great success by Thiersch of Leipzig, in carrying out Lister's plan, has been found by Callender to be very irritating when applied to wounds.

Thiersch was led to its use in preference to carbolic acid, because, whilst equally effectual as an antiseptic, it was found to be without stimulating properties. German skins, however, like German stomachs, are possibly less susceptible than our own; for the careful observations of Callender have certainly proved that a 2%, solution

invariably caused constitutional disturbance, with irritation of the skin, and the development of an abundant crop of vesicular eruption.

Sir William Jenner has also mentioned a case where the application of salicylic acid to a bum caused a rash very like scarlet fever. Chrysophanic acid also, now in very general use, has some special irritating properties, with which you require to be familiar. The most usual of these is the well-known violet or purplish tinge communicated to the patches of psoriasis, or tinea decalvans, to which it has been applied, occasionally overstepping the margin of the disease, running gradually over the whole scalp, and attended with unpleasant heat and itching.

One woman, who was applying a 5 grain ointment to her leg presented herself in great alarm, with almost erysipelatous redness, spreading rapidly from the site of application, but separated from the actual patches of psoriasis by a zone of perfectly unaffected skin.

This caused a doubt in the minds of some whether the inflammation was really due to the acid; but all hesitation was removed by the somewhat characteristic tinge of the blush, and the fact that in all the instances of spreading irritation from chrysophanic acid which I have since seen, I have noted the same leap, as it were, from the focus of irritation to a cutaneous area some little distance beyond.

A mother brought her little child to me the other day, to show a papular eruption on her face. She had been applying chrysophanic acid ointment to a patch of tinea tonsurans, and the whole scalp was of a dusky red, and covered with scurf; but I had no difficulty m here making out the line of untouched skin. From the head, the effect had spread to the face, which was covered with very minute papules, numerously studded over perfectly normal skin, and attended by a good deal of itching and annoyance.

On Leaving Off the Ointment, The Child Very Speedily Recovered

Chlorine gas, when applied in concentrated form to the

skin, will cause redness and smarting, followed by a pustular eruption, and even erysipelatous inflammation; and sulphur is well known to be a cutaneous stimulant. Some of the worst cases of acute eczema I have ever seen have been produced by the very effectual, but sometimes too irritant, sulphur-applications in general use at our army hospitals. Passing now to the various eruptions produced by the internal administration of drugs, I shall first lay down, so far as I can, one or two headings of causation, and then run over each substance which has the property of causing any marked cutaneous manifestation.

1. And first, we are naturally led up to the recollection, that a part of the poisonous action of several agents expends itself on the skin, and that, again, something of this nature may also be observed as a regular sequence of their minor physiological effects, when pushed up to a certain point.

2. Secondly, some rashes are due to irritation of certain structures, like the sebaceous glands, through which a particular drug is normally eliminated in part; and others are distinctly of the nature of nettle-rash, depending on stomach-irritation; or the blood-corpuscles may be disorganised or broken up, and we may have purpura.

Defects of elimination may account for a good deal, and it is quite reasonable to hold that, if the principal means of exit for any particular drug are blocked up, we are liable to meet with unexpected excess or irregularity of physiological action.

Thus, we find kidney-disease in many of the recorded cases of bromide-rash; and Brunton and Power (vide Brunton's Goulstonian Lectures, British Medical Journal, 1877) have experimentally shown that, if digitalis be given until the renal arteries are powerfully contracted, its elimination is checked, and poisonous symptoms may suddenly arise, or, on the contrary, elimination may be too swift to allow the drug time enough to act, and this specially occurs in the case of curare, which is thrown out of the blood so rapidly by the kidneys, that administration by the

mouth produces none of those toxic effects which are so well marked when hypodermic infection is employed.

This question of the integrity of the eliminating organs in connection with therapeutics is of vast importance; and, although it has received the attention of Gubler and other eminent men, I recommend it to your attention as a good field for future investigation, counselling you, meanwhile, to consult an interesting paper by Duckworth, "On the Passage of certain Substances into the Urine in Healthy and Diseased States of the Kidney", in the third volume of St. Bartholomew's Hospital Reports.

3. Finally, we have a class of cases which cannot be explained at all, and which we say are due to idiosyncrasy; and of this we have a good example when we find that a simple small dose of an usually harmless drug brings out the, irritable rash. With these principles to guide us, then, let us approach the various substances in succession, beginning with arsenic, which, in poisonous doses, causes cutaneous irritation, with an eczematous eruption.

Herpes has also been observed during its ordinary medicinal administration and as it is partly eliminated by the skin, it stimulates that structure, and has a powerful influence over some of its more chronic affections, very injuriously irritating the more acute disorders of an inflammatory nature.

Phosphorus, also, is a cutaneous stimulant, and has been recommended for the purpose of encouraging the insufficiently developed, or prematurely faded, rash of the eruptive fevers; but the only skin affection for which it is primarily responsible seems to be purpura, which occasionally coincides with gastrointestinal derangement and jaundice, in preceding the fatal issue of a poisonous dose.

Defects of elimination, no doubt, must be held responsible for some part at least of these and other untoward results; and this view is borne out by the fact that, in many of the recorded cases of iodide and bromide rash,

and more especially of the latter, albumen was detected in the urine:

These drugs, as you know, are principally eliminated by the kidneys, and when their functions are partly suspended, the stress is naturally greater on other organs, such as the sebaceous glands, which also have a share, if only a small one, in casting these very diffusible substances out of the body. And I would suggest that this is also borne out by the common observation, that small doses of both, and notably of the iodide, are much more apt to produce iodism and bromism than large, the larger quantity, in all probability, exercising a more stimulating influence on the kidneys than the smaller; in other words, acting as a diuretic.

We next come to nitrate of silver, which, as you know, produces an indelible dull leaden colour, fortunately but seldom observed in these days, when we know that the therapeutical advantages of the drug in no degree balance its possible risks.

The only case which I have myself had an opportunity of examining is that of an elderly man, who occasionally presents himself in the out-patient department of St. Mary's Hospital, seeking relief for a winter cough. Years ago, he was a martyr to gastralgia of so severe and intractable a kind that, although warned of the dangers of the nitrate of silver plan of treatment, he preferred to run the risk rather than go on in his misery.

A 3 month course effectually and permanently removed his pain, and he is well pleased with the result, although his skin is most effectually discoloured, those parts exposed to the light suffering most, and the conjunctivse, gums, and all visible mucous membranes, sharing in the general staining.

Mercury, when pushed up to poisonous limits, brings out an eczematous eruption on the skin; but this is generally an advanced symptom, coinciding with the marasmus and tremors and general nervous prostration which a reckless use of the mineral rendered not unfamiliar to our forefathers, but which, I hope, will always remain a matter of history to you.

We can only concern ourselves at present with the

cutaneous manifestations of idiosyncrasy, most of our knowledge being contributed by Schule, Crichton Browne, Cholmeley, and Ludwig Kirn, whose exhaustive paper, translated by the late Dr. Anstie for the tenth volume of the Practitioner, gives an admirable summary of most of the available evidence on the subject. Firstly, then, Schule and Crichton Browne have independently described a chloral erythema, occurring at first in spots, but afterwards more diffusely; earliest manifested on the head, but generally spreading over the body, and following by preference the course of the greater nerve tracks. Crichton Browne seems to have been the first to point out a very curious intolerance to alcohol in persons under the influence of chloral, a single glass of beer being sufficient to cause intense congestion of the face and head, with excitement of the muscular system, and conjunctival injection, due, he believes, to temporary paralysis of local vaso-motor centres.

The same author records two very formidable cases of a kind of scurvy, beginning as purple-red spots, coalescing and extending over the body, eventually becoming petechial, attended by ulceration of the lips and gums, with great depression, and followed in one instance by a fatal result. In the first case, which recovered, the woman, aged 69, took twenty grains of chloral thrice daily for four days before the rash appeared, whilst in the second, 19 days, treatment by fifteen-grain doses were necessary to initiate the symptoms, which ended in death.

Eruptions like scarlet fever have also been described, and a rash resembling slight variola, with haemorrhagic purpura, caused death after 4 days administration of chloral; but the most obstinate case of all is that recorded by Kirn himself, where the drug produced violent fever, followed by oedematous swellings, and a combination, or rather succession, of impetigo, eczema, and ichthyosis, followed by very free desquamation and pyaemic symptoms, from which the patient with difficulty recovered.

These instances of chronic blood-poisoning fortunately are rare; and luckily so, because their frequent occurrence would rather induce us to persuade our patients to abandon

chloral altogether, and "rather bear the ills they have than fly to others that they know not of".

We do not hear so much about these effects in Germany, under the influence of the "massive" doses there prescribed to reduce the body-heat; and it may be that the drug, when thus taken wholesale, stimulates the Emunctories, whereas the smaller quantity is longer retained, and has therefore more ample opportunity of producing its toxic effect.

Quinine is well known to be very rapidly eliminated by the kidneys, so rapidly, indeed, that good continental authorities hold that, in order to produce its full antipyretic effect, we must get from forty to seventy grains into the system in divided doses, "coup sur coup" (one after the other), within the first half-hour.

Salicylic acid, on at least one occasion, produced a peculiar bright punctate rash with erythematous patches eventually surmounted by vesicles, with sore-throat and constitutional disturbance strongly resembling scarlet fever.

I have thus placed before you, in as much completeness as my own information will permit, the various eruptions caused by, or at all events following, the administration of certain drugs.

But I think I am at least justified in saying this: that these local manifestations of idiosyncrasy are not mere accidents of stomach-derangement, but that they are sufficiently definite and consistent, within their own narrow limits, to be quite worth taking into account when we prescribe the medicines which seem to be their responsible cause.

Perhaps some day, fuller knowledge may enable us to lay down the laws on this subject which nature at present conceals from our dim vision; but, in the meantime, let us work on at the accumulation of facts, collecting materials for the master mind who will one day knit all the tangled threads into one harmonious whole.

We, as practitioners, are bound to know all the irregular and abnormal effects of our remedial agents; and, whenever we find the sudden appearance of some skin-eruption which we cannot readily explain by the usual dermatological reasoning, or even when a more chronic affection is difficult

to explain on other grounds, let us never forget carefully to inquire what medicines our patient has been taking." - Dr Robert Farquharson, MD, FRCP, Assistant-Physician to and Lecturer on Materia Medica at St. Mary's Hospital, in "British Medical Journal", 15 February 1879.

Chapter 24

The Natural Healing Power of the Body

"Drugs, in short, have fallen under general suspicion; and men revert, more or less practically, to an old idea which amused the imagination of our ancestors, without influencing their practice — that there resides a curative power in Nature herself. That this idea is in the main correct, is shewn to the eye by what takes place in the case of external wounds. That this idea is in the main correct, is shewn to the eye by what takes place in the case of external wounds. In a slight cut, for instance, nature does all the surgery herself; she heals, closes, fills up, and in a little time there is no trace of the injury visible." - The Natural Treatment of Disease" in Chambers's Journal of Popular Literature, Science and Arts, 1857.

"One of the many marvels of the human body is the slowness with which Nature yields her defences against disease. The contest is generally a matter of years. In the long struggle to protect her own she would win the battle in a large percentage of cases if but slight assistance were given by the unintelligent sinner against the laws of health." - Aphorism

"I would have my readers learn very early that disease will end when people cease to build it. In the matter of cure: Nature alone cures, and she is at it just as long as there is life. All that the physician can do is to instruct the sick how to cease building their diseases, and nature will soon do the rest." - Dr John H. Tilden, MD in "The Etiology of Cholera Infantum".

"There are plants to cure all diseases, though not every where known." - Dr. Ray in "A Course of Fifteen Lectures on Medical Botany", 1829.

"The Flora of our country will yet so enlarge and establish her dominion, as to supersede the necessity of all other remedies." - Dr. Mitchell in "A Course of Fifteen Lectures on Medical Botany" 1835.

"Greatest healing power comes from within. Take greater responsibility for your level of health and well-being". - Dr. Bernard Jensen's, DC in "Guide to Better Bowel Care", 1999.

"Nature cures, if causes are removed before the vitality is overcome. Any enervating influence—even stimulating treatment — adds to cause." - Dr John Tilden, MD

"Plants gladly cure our flesh because that they Find their acquaintance there." - George Herbert.

"The general outlook and significance of drug therapy was led into new channels when it was revealed that the animal body elaborates its own drugs, stores them generally at the seat of formation, and doles them out to the tissues to meet the needs of the economy. Some of these drugs are of the nature of true crystalline alkaloids; thus adrenaline is formed in the suprarenal glands and thyroxine in the thyroid." - Dr Walter

Ernest Dixon, MD, FRS in "A Manual of Pharmacology", 1929.

"Thomas Sydenham, MD once treated an overburdened London businessman by sending him to Edinburgh, Scotland to visit a specialist who didn't exist. The patient returned from his week-long rail journey vexed, but rested and cured." - Mary Roach, in "Gulp, Adventures on the Alimentary Canal", 2013.

"The body is designed to heal itself because the body is constantly recreating itself that's how it's designed" - Dr. Wes Youngberg, in "iThrive! Rising from the Depths of Diabetes and Obesity", Docuseries, Nov. 2017.

"We cannot outsmart, outdo, or circumvent nature with pharmaceutical products." - Dr Kelly Brogan, MD, 2018.

Healing by Primary Intention First Degree Healing

"The Normal Healing Process in a simple or closed wound is also called healing by primary intention. This is seen in the healing of clean, well perfused, incised wound with edges in apposition such as the surgical wound. Epithelialization occurs early (within 24 hours) in these wounds. Epithelium grows from basal cells of epidermis and minimum granulation tissue is formed. Wound contraction has minimum role to play in the healing of such wounds. These wounds heal with good cosmetic results." - Shuja Tahir, FRCS (Edin) in Surgery 4th Edition 2014

"My desire as been to approach the subject, as far as possible with an open mind, using my own powers of observation and deduction. It is merely the attempt of a Practising Clinician who has found he could place little reliance upon drugs, to show how the "more modern" natural therapeutic mode can – if used with care and

discretion – bring relief to sufferers who otherwise would seem mostly to seek relief in vain." - Percy Hall in "Asthma and its Treatments", 1930.

The Healing Power of Nature

"In our attempts to cure disease, it is necessary to distinguish the healing power of nature and that of art; to be acquainted with the condition indispensably necessary to nature, with her proceeding, the means she employs, and her efficacy or impotence. It is only when provided with such knowledge that we can imitate, support, weaken, direct or govern her proceedings, or are duly qualified to become a Physician — Nature's Agent. Nature is the principal agent in preserving the healthy state; she alone aided or unaided, performs all the principal cures.

Therefore, without nature, the vis-vita, or life, indicated by the Thomsonian term heat, to guide, Art is at a loss.

The strong healing power of Nature is obvious, because health is restored under it quite different, nay, opposite treatment.

It is for this reason that the greatest physicians do not agree with respect to the most efficacious remedies. Every one attributes to his own proceedings the good consequently the fear of success which he observes, while in fact the patient owes his recovery to nature alone. The uncertainty, deleterious ruinous consequences every day (in this place at least), staring physicians hideous in the face, lead them to doubt all art, and exclaim, "we must let Nature be the chief physician."

These are the legitimate and unavoid able deductions of many honest, philanthropic physicians, and true observers of nature's laws, who are engaged in the practice of the old school. Consequently we see them refusing their prescriptions advising to an arbitrary and rigid course of diet, trusting alone to the restorative power of nature, with an entire loss of confidence in that boasted science.

Still these same individuals most strenuously and unjustly oppose the salutary reform of Thomsonism by

sarcasm and ridicule without investigation: entirely ignorant of the principles of theory or practice of the Botanic System.

We assure them such opposition must succumb. Truth being of a buoyant nature, will rise triumphantly over error and prejudice. I must, however, say, there are cases occurring every day, where the power of nature is inadequate, and where a rational proceeding will restore health, while impotent nature would sink under disease or greatly protract recovery.

Now, as the remedies of the Botanic Physician, seem in perfect harmony with life, or the healing power of nature, in resisting disease, we have all confidence when called to nature's aid, that our means will as certainly eradicate disease of every type, as that food will remove hunger of every degree, that they will invariably invigorate and renew the powers of nature, and not leave a diseased wreck behind." - Dr. Holmes, of Montpelier, Vt., in "The Southern Botanical Journal, Devoted to the Dissemination and Support of the Thomsonian System of Medical Practice", Vol. I, 1838.

Natural History of Diseases

"Physicians formerly congratulated themselves on curing diseases which ceased by their own limitations, and which had no tendency to a fatal result. The recovery was considered as proof of a cure having been effected, and that they were not indefinitely prolonged, was evidence of their duration having been abridged. The study of the natural history of diseases within the last few years has led to the knowledge of the laws of self-limitation, and of the amount of danger which belongs to them intrinsically.

The consequence is, the physician is content to assume to be more the servant, and less the master of nature. He undertakes less, and nature has the opportunity of accomplishing more." - Austin Flint, MD, Professor of the Principles and Practice of Medicine, Bellevue Hospital Medical College, Long Island College Hospital, in "Conservative Medicine as applied to Therapeutics", The

American Journal of Medical Sciences, 1863.

Place More Confidence in the Curative Powers of Nature

"Among those who act without reflection, the wide distinction between prevention and cure has not been generally recognized. They are apt to think that all diseases must be cured by drugs; but this is not the fact. Broken constitutions and premature death are generally the effects of the violation of laws of Nature, produced by false appetites and ruinous indulgences.

They forget the old proverb:

"An ounce of prevention is worth more than a pound of cure."

Unless the original cause of any given disease be removed, there is no successful way of obtaining a permanent cure. On the removal of the original cause, perhaps in more than 9 cases out of 10, Nature will remove the difficulty without the aid of any kind of medicine; for it is the most consummate quackery to prescribe medicine to cure a disease, while the cause that produced it is not abandoned. Take, for instance, a lady with prostrated nervous system, which arises from a variety of complaints: Dyspepsia, in its various forms and its 100's of attending sufferings; Sick Headaches and Nervous Headaches, with their periodical visits; diseases of the Stomach and Palpitation of the Heart; and innumerable other disorders which have grown out of the long-continued use of stimulating drinks. Their intoxicating power upon the nerves, have gradually and imperceptibly worn out their healthy tone; they are now in a morbid and irritable state, laying a broad foundation for ill-health in a variety of forms. How is it possible, then, for a cure to be expected, and still continue the luxuries of Coffee and Tea, and perhaps other

stimulants! But if we will only assist Nature in removing the morbid condition produced by these exciting causes; or, in other words, cease rebelling against Nature, and put away these weapons of war fare, and desist from destroying her vital forces, by letting her have her own way, she will put forth her very best efforts to set every thing right, in 9 cases out of 10; curing many diseases, especially those of chronic form, when the primary cause is removed.

Nature will perform the cure better without medicines than with their use; for in thousands of instances they do harm instead of good. The truth is, all medical agents, except those of the most simple kind, are at war with the laws of healthy life.

If we would place more confidence in the curative powers of Nature, and give more attention to the laws which govern health, than to the constant use of drugs, we would succeed in removing many complaints, which, to say the least, drugging will frequently not do. It is impossible to form a correct estimate of the injury and vast disturbance, in their effects on the system, of those various stimulants which are used to spur up the jaded nerves, or quicken the mind that is drooping under the reaction of a former excitement.

An unnatural animal passion seems to predominate over better judgment, reason, conscience, and all the higher powers of Nature. Health, with all its attendant blessings on the soul, is worth something, they admit; but their gratified brutal passion is valued more. In view of these facts, great pains should be taken by those who care for health, to preserve the nervous system in a perfectly healthy state.

Obedience to the Laws of Health should be made a matter of individual and personal duty. It is, therefore, every individual's duty to study the laws of his being, and to conform to them. Ignorance, or inattention on this subject, is sin; and the injurious consequences of such a course make out a case of gradual suicide." - John Gunn, MD in "Gunn's new Family Physician", 1868.

Learn from Headaches

"Someone has said:

"The fool, when he has a pain, takes something. But the wise man does something."

Pain is the voice of the inner physician flashing us a warning message which, interpreted, reads:

"You are abusing your body by wrong living."

Poor, dim-eyed men and women, when they suffer from a headache or other pain, pursue the path of ignorance and "take something". But the ingoing drug merely stills the body's warning signals without reaching the cause of the headache. By getting rid of the pain instead of the cause of the pain, they persistently disregard the warning signals of the body until disease is contracted and premature death overtakes them. Every pain that rends the flesh indicates the presence of acidity and congestion. Why not be wise and do something instead of taking something. Change your diet at once." - William L. Abt, in "Food Wise", 1938.

A Plea for Greater Simplicity in Therapeutics

"When many drugs are given at a time, it frequently happens that a single ingredient of a complicated nature causes injurious effects that are attributed to the course of the disease. How frequently this may happen is easily appreciated by those who have noted the violent symptoms that sometimes accompany a full physiologic dose of a single drug. There is hardly a drug that has not its person who can not take it in any form or quantity. The old notion, perpetuated in that abominable word "allopathy," whereby each drug or a mixture of drugs was supposed to have the power of meeting and destroying a disease, is not longer held by men of scientific attainments. It is known that there are powers inherent in the body itself which tend to the cure

of disease." - Dr Louis faugeres Bishop, MD in "JAMA", 24 Nov. 1900.

The Curability of Consumption Demonstrated

"Experience proves, that this disease can stand still, and health be restored by the healing power of Nature alone without the application of any medical remedy."

Carswell assures us, that: "Pathological Anatomy has never offered more satisfactory proof of the curability of a disease than it has that of tubercular consumption".

Rokitansky, in his Pathological Anatomy, Vol. II, p. 148, says:

> *"Tubercular Lung-phthisis is curable beyond a doubt; frequent observation on corpses prove it. - The conditions under which Nature accomplishes such cures, must be the sacred object of investigation by the sincerely earnest physician, who must base his treatment upon a truly rational foundation, which will then produce a happier result, inasmuch as it will not be directed against the local tubercular affection alone, but against the tuberculosis or disease in general, which is the spring or fountain that feeds the local disease. The tubercular lung-consumption can only, then, really heal when the general diseased diathesis of the body, as well as the local diseased expression, is extirpated. Indisputable facts show, that under such circumstances, the pulmonary ulcer really heals in various-ways."*

To this is added, on page 143:

> *"The lung-tubercles can heal by elimination of the tubercle by phthisis itself; but the other two metamorphoses, by chalkification or by obsoletion, produce a more direct healing process. One as well as the other takes place under the same*

favourable conditions, and both can generally be found in the same individual, because there are cellulo-fibrous caverns, their cicatrices chalkified and obsolete tubercles beside each other. All are usually surrounded by an obsolete parenchym, soaked or steeped in a black pigment."

But it is unnecessary to multiply quotations.

It will be sufficient to give the great names of some who advocate the absolute curability of tubercular phthisis.

The list of such daily increases, though already it embraces:

Maddoe, Cormak, Wylimann, Salvadori, Read, Mudge, Beddoes, Peapson, Forbes, Coxe, Hastings, Copland, Corrigan, Judd, Thomas, Wileon, H. Herb, Southey, Chas. Pears, J. Murray, Scudamore, Harwade, Eliotson, Morton, Eagle, Thompson, Withering, Gardner, Burton, Ryan, Baron, Smy the, Davidson, Clark, Jos. Bell, Ramadge, Walshe, Carswell, Lizars, Prus, Flood, Cook, James, John, Evans, James Clarke, Crichton, Roe, Arnott, Buxton, Gilbert, Carstan, Botton, Bennet, Cotton, Quain, Bowie, Duncan, Green, Spencer, Wells, Portal, Pringle, Quarin, Baumes, Collin, Regnault, Jannet de Longrois, Pouteau, Boissiau, Rogee Beau, Laennec, Louis, Jolly, Andral, Gavarret Bequerel, Rodier, Rilliet, Bartez, Lombard, Petrequin, Billiard, Valleix, Boudet, Cruveilhier, Roche, Gendrin, Cotterau, Gordon, Baudet, Carson, Piorry, Musizzano, Lamare, Fournet, Paris, Latour, Hervieux, Riflard, Peters, Alamie-Carzenac, P. Chenau, Pereira da Bordeau, Sales-Girons, Al. Meyer, Trousseau, Dupasqnier, Michea, Guillot, Quesneville, Le Couppey, Chartroule, Champouillon, Herpin, De laHarpe, Durand-Fardel, Pouget, Pravaz, Luigi Parola, J. L. C. Schroeder, Van der Kolk, and others.

A position maintained by so many good authorities, can scarcely be otherwise than founded on truth, and the

number of cases upon which their belief rests, must at least be sufficient to establish the fact as unquestionable, that many consumptives have been cured." - Dr Christian Charles Schieferdecker, MD in "The Curability of Consumption Demonstrated" 1862.

The Open Air Treatment of Syphilis

"I cannot remember ever to have seen the open-air treatment of syphilis advocated in any of the many journals of our own country or of other countries ; and yet there is, I venture to think, no argument brought forward in favour of the open-air treatment of tuberculosis that is not equally to the point with regard to early syphilis. I suppose that there are a great many, medical men and others, who because they have not thought about it have an idea that the open air has some direct influence on the lung tissue in consumptives, just as, I find, there are very many who believe that the cold of these Alpine heights has direct effect on the lung tissue, and on the bacilli in it. But a little thought will show them that it is not the influence of open air on the lungs which brings about the cure of pulmonary tuberculosis, but that it is the influence of the pure air and sunlight on the blood, and through it on all the other tissues of the body, and chiefly the nervous tissues, that the good results are obtained. Fresh air heigh tens metabolism in every way, and raises all the tissues to their highest point of resistance, so that they do not succumb to the persistent attacks of the poisons constantly carried hither and thither by the circulating blood. The nervous system responds the most readily to the purer and richer pabulum brought to its inmost recesses by the blood, and as its cells are better nourished, so its trophic influence is maintained, and the metabolism and growth of all tissues, including the ail-important haemopoietic, is ensured and maintained at its highest, and they are thus enabled either actively to beat off, or passively to refuse to succumb to, the specific poisons of any disease. Open-air life improves the appetite, and, again,

the additional food ingested improves the blood pabulum, with the results referred to above. Carefully graduated exercise, again, increases the appetite and stimulates the emunctories, and helps the elimination of their excreta. Rest – much rest - carefully prescribed at suitable times and under correct conditions, again helps much. And if this can all be done away from home surroundings and worries, in a high, dry, bracing climate, with the purest possible air, with pleasant companions and environment, the greater will be the efficacy and permanency of the whole treatment.

During ten years in a busy practice in the University town of Cambridge I saw many young men with early syphilis, and I often kept in touch with them for many years after they had gone down from the University. And one thing impressed me much: that whereas a poor, underfed scholar, if infected, was hit painfully hard, the well-to-do hunting or athletic undergraduate generally suffered lightly. For I notice that early syphilitics do extraordinarily well in the Alpine heights. Blood changes here are rapid; metabolism throughout is heightened, and the patients rapidly regain health, their throat affection and rash disappear very quickly, and their pains and fever rapidly go, when they have acquired the appetite which the dry, cold air seems to force on them. I only hope that the open-air treatment for early syphilis may become more usual, and I only hope that the National Association against Tuberculosis may advocate it. It need not be known whether the patient has tuberculosis, or early syphilis, let the treatment be the same. By helping him to live down his syphilitic poison, we can prevent the chronic inflammatory processes which undoubtedly afterwards provide the soil for the tubercle bacillus. Surely this is not only a wise, but a very necessary policy. I firmly believe that half a million deaths a year in Europe would be prevented by this policy. I do not remember having seen the open-air treatment of syphilis advocated in our journals. And yet it has long been clear to me that it is absolutely as loudly called for as the open-air treatment of tuberculosis. When a patient who comes to us is proved to have early tuberculosis we say to him:

"This is serious. If you can afford it, you must give up your work, and go away for six months and be overfed and live in the open air in the best possible climate. After that, if you can afford it. you had better live for another year or two in the open air."

I contend that we should do well if we did exactly the same with an early case of syphilis." - Dr. E.H. Douty, MD, in "The British Medical Journal", 28 Feb. 1903.

The Effects of Sunlight on Health

The Nobel Prize in Physiology or Medicine 1903

Niels Ryberg Finsen was born 1860 in Thorshavn, Faroe Islands. He was awarded the Nobel Prize in 1903 - "in recognition of his contribution to the treatment of diseases, especially lupus vulgaris, with concentrated light radiation, whereby he has opened a new avenue for medical science".

Finsen developed Pick's disease while in his 20s, and he described in 1903 how the disease had influenced his scientific development:

"The disease was responsible for my starting investigations on light: I suffered from Anaemia and Tiredness, and since I lived in a house facing the north, I began to believe that I might be helped if I received more Sun. I therefore spent as much time as possible in its Rays. As an enthusiastic medical man I was of course interested to know what benefit the Sun really gave. I considered it from the physiological point of view but got no answer. I drew the conclusion, that I was right and the physiology wrong.

My intention was even then (about 15 years ago) to use the beneficial effects of the Sun in the form of sun bathing or artificial light baths; but I understood that it would be inappropriate to bring it into practical use if the theory was

not built upon scientific investigations and definite facts. During the last few years, I have, however, become convinced that it does not help to wait until I find the answer I am looking for in the laboratory, but that it is justified to work also with clinical experiments. Thus both approaches can be carried out simultaneously in the effort to reach the final goal." - P. C. Gøtzsche quoting Niels Finsen's in "Niels Finsen's treatment for lupus vulgaris", 2010.

Cures Found in Sunshine

"An explorer returning from the Amazon remarked that he could not figure out why more savages did not die. Careless of infection, they treated their most appalling wounds simply by laying in the sand. Bacteria found in sewage were exposed to ultra-violet light, a part of sunlight.

Literally in a flash, in an exposure of less than a second, the bacteria were killed. Sunshine cure used by the natives of the amazon to sterilize their wounds, was found to be the most powerful non-chemical germicide known!

In Switzerland, where physicians cured children of tuberculosis by letting them play naked, out-of-doors under the sun in the snow. The most amazing of all things accomplished by the use of ultra-violet light is the curing of rickets. Ultra-violet light in the treatment of rickets does not get to the bones, but works in its tonic effect thought the blood it helps with the battle against tuberculosis by improving the quality of the blood. Red corpuscles, the food the blood system, and White corpuscles that fight germs, are made in the marrow of bones. Ultra-violet light treatment, has been experimenting in preventing influenza and dyspepsia, which is a form of influenza. By increasing the number of red blood corpuscles, in the blood, and the percentage of haemoglobin in these corpuscles by ultra-violet light, we can build up our resistance to disease. Sun-burning the scalp with ultra-violet light causes a rush of blood to region, bringing with it the food that the starved hair roots require. Lettuce, which ordinarily has no effect on rickets, and wheat grown in the dark, after an exposure of

two minutes to ultra-violet light, became active in preventing weakness in bone." - in "Popular Science Monthly", May 1925.

My Cure for Colds

"My cure for a cold is to take an enema and a laxative, eat nothing for 24 hours, and drink plenty of water. In the old sad days of my ignorance I would get a cold, and go to the doctor, and have my throat and nose pumped full of black and green and yellow and purple liquids, which did me absolutely no good whatever; the cold would stay on for 2 or 3 weeks, sometimes for 8 or 10 weeks, and I would be miserable, utterly desperate. I was dying by inches, and not one of the doctors could tell me why. The next most common ailment is a headache, and this means poisons in your blood-stream. It may be from improper diet, from alcohol, or drugs, or bad air, or nervous excitement.

If it is none of these things, then you should begin to look for some organic difficulty, eye-strain, for example, or perhaps defects in the spine. The Osteopaths and the Chiropractors specialize on the spine, and have made important discoveries. Several years ago I had an experience with the appendix, from which I learned something about one of the commonest of human ailments, constipation, or sluggishness of the bowels. This is a cause of innumerable chronic ailments grouped under the head of auto-intoxication, or the poisoning of the body by the absorption into the system of the products of fermentation and decay in the bowels. The bowels should move freely two or three times every day, and the movements should be soft. I suffered from constipation for some twenty years, and tried, I think, every remedy known both to science and to crankdom. In the beginning the doctors gave me drugs which by irritating the intestinal walls cause them to pour out quantities of water, and hurry the irritating substances down the intestinal tract.

That is all right for an emergency; if you have swallowed a poison, or food which is spoiled, or if you have overeaten

and are ill, get your system cleaned out by any and every device. But if you habitually swallow mild poisons, which is what all laxatives are, you weaken the intestinal tract, and you have to take more and more of these poisons, and you get less results. We may set down as positive the statement that drugs are not a remedy for constipation." - Upton Sinclair in "The Book of Life", 1922.

The Use of Turpentine in the Treatment of Diphtheria

"I dressed his wound, and God healed it!" modestly exclaimed Ambrose Paré, and his trite saying contains a truth too often forgotten in theory, and overlooked in practice.

No remedy cures. The utmost we are able to do for any disease is to remove, as far as possible the cause, and allow natural forces to carry on the various processes of repair, and the rational treatment of diphtheria whether situate in the fauces (narrow passage from the mouth to the pharynx between the soft palate and the base of the tongue), nose, larynx or trachea should include surgical cleanliness as far as it can be attained. Primarily, we must have correct hygiene; secondarily, nourishment, and lastly, drugs.

The selection of a well ventilated room, isolation of the patient, absolute confinement in bed, fresh air and sunshine, the toilet, frequent changes of linen, immediate destruction of soiled cloths, thorough disinfection of the fauces, nose, throat and mouth, should not give place in any stage to internal treatment." - Dr E. W. Kellogg, MD in "JAMA", 1894.

Chapter 25

Water

"For six hundred years, Rome used no medicine but her baths." - Pliny the Elder

"Sea water treatment so soon restores the tone and power of the digestive organs, it must be a powerful remedy against a numerous class of diseases which have their cause in the disorder and debility of these organs. Sea water treatment becomes an efficacious remedy in pulmonary complaints, especially in their incipient stage." - Dr Jonah Horner, MD in "The Philosophy of Bathing, On the Use of Sea Water and Sea Air in Hydropathic Treatment of Disease", 1859.

Sea-Water
The Quinton Polyclinic in London

"The exceedingly hot summer in London has had the same effect upon the little babies as it has at home, over 600 a week dying from infantile diarrhoea because their mothers did not know how to take care of them. A charitable dispensary has recently been opened in Poland Street, Soho, just off Oxford Street, through the generosity of Mr. Otto Beit, the South African millionaire, to give London babies an opportunity of obtaining the sea-water cure, the "Quinton Isotonic Plasma", a cure which has saved thousands of infant lives in France in the past seven years. M. Quinton, a professor of physiology in the College de France, working on the theories explained in the accompanying pamphlet, established a dispensary in Paris, primarily for the treatment of gastro-enteritis in infants, by this sea-water cure. All the staff, medical and nursing, at Poland Street have had training in Paris, and on the day of our visit Professor Quinton himself was present, keenly interested in what was being done. Babies and mothers by the score, waiting

wistfully and hopefully for examination and treatment, dressed as only London mothers and babies would be dressed with the thermometer at 90°F in the shade, or coming away full of happiness, were in the waiting-rooms.

After examination the treatment is given. The baby lies on its chest on its mother's knee, while the nurse, after carefully sterilizing the shoulder-blade, inserts the needle, which is attached to a long rubber tube connected with a bottle holding about a pint of fluid.

This bottle is hung above on the wall, and is marked off in cubic centimetres. About 50 centimetres are given to a young baby, generally twice a day. A simple collodion dressing is applied after the injection. It is all very simple, but really marvellous. Cases almost comatose seem to respond at once, and the deaths among those treated have been only 1%.

The need of after care was soon demonstrated, and to avoid carrying the children back and forth. An appeal soon brought the offer of an adjacent building with large lofts, and here were found about 40 little ones. Some have to be taken to the clinic several times a day. The mothers are allowed to remain with them, and thus receive training in their proper feeding.

Dr. Quinton puts much emphasis on the use of water, a bottle of pure water, unsweetened, between each 2 bottles of milk. In some cases rice water is prescribed. The Isotonic Plasma is not prepared in London. It is taken from the Bay of Biscay, several miles from shore, and is mixed with pure distilled water, and bottled by a company that ships it to London from Paris. Dr. E. Petree Hoyle, the enthusiastic secretary of the London Polyclinic, related some experiences of the treatment of eczema and other skin diseases, but their main efforts at present are confined to the babies under 2 years of age.

Annie Dames, London.

From the pamphlets sent by Miss Darner with her letter we quote:

"After establishing the fact that the first occurrence of animal life

was in the sea and not on land, Quinton showed that the primordial oceans contained 0.8%, of dissolved inorganic matter. That is, the fluid medium, in which the earliest organisms lived and moved and had their being, which provided nutriment and environment for them, was of this degree of concentration." - Dr. Quinton's theory. — Ed.

Elementary physiology teaches that the cells of which all. bodies are composed are bathed in a fluid medium which is derived from the blood vessels. This fluid medium, which nourishes all the cells of the body, has also a saline concentration of 0.8%.

That is, the concentration of the fluid in which primordial organisms flourished, is identical with that which bathes the cellular structures of nineteenth century organisms.

So much for concentration; now for composition.

We investigate the other end of the chain of life—the chemical composition of present-day living beings, and of present-day marine fluid as we find it in uncontaminated seawater.

The parallel continues to work out: for the same chemical elements, in character and number, which constitute the structure of animals, are also those which, item for item, are found in sea-water as we know it.

The difference between old-time and present-day sea-water is in its concentration; and this will be referred to later. Such generalizations as these could not fail to have important therapeutic deductions.

If the complex solution of a certain saline concentration known as the sea-water of primordial times exercised a favourable influence upon cell-life then, why not similar fluid of a similar saline concentration now?

The question was put to the test; the results came out exactly as expected.

Uncontaminated sea-water, made "isotonic" with the circulating fluid in man, Has a potent, far-reaching and

highly beneficial influence on the human body in many forms of disease." - in "The American Journal of Nursing", Vol.12, No.2, Nov., 1911.

Treatment of Gonorrhoea By Means of Sea Water Injections (Enemas)

"During the past 2 months I have treated 32 cases of gonorrhoea in this hospital by means of sea water injections, the result being an average duration of disease under treatment of 8.87 days. Each case was kept under observation for about a week after the disease had quite disappeared, in order to ascertain if any return of the discharge occurred. Relapse occurred in one case only.

Complications: One mild attack of cystitis occurred in a patient who had had a history of cystitis previous to his present attack of gonorrhoea.

Treatment: Sea water injections undiluted 7 or 8 times during the 24 hours, each injection being retained for a few minutes. Latterly warm sea-water injections lave been use.

General Treatment: Rest, dieting, saline aperients, avoidance of stimulants.

Results: The results have been so satisfactory, as compared with those obtained b other methods of treatment, as to lead me to publish them.

Advantages: Sea water combines an alkaline and antiseptic, with a tonic action on the mucous membrane. It is cheap and universal. It also suggests itself for the treatment of other mucous membranes such as that of the vagina in vaginal leucorrhoea (whitish or yellowish discharge of mucus), etc.

Nothing was used in the above cases other than sea

water." - Dr R. F. O'Brien, Surgeon Medical Staff Station Hospital, Western Heights, Dover, Kent, England in "The British Medical Journal", 30 Nov. 1889.

Treatment by Sea Water

"In Surgeon O'Brien's communication on the treatment of gonorrhoea by means of sea water injections.

There is a suggestion that sea water might be useful in the treatment of other mucous membranes besides that of the urethra.

I expect that many men practising in seaside towns have used it in certain cases of leucorrhaea, and also in cases of excoriation of the "os uteri" (The mouth of the uterus.

It opens into the vagina); my experience in the above cases is such as to recommend it. I have also tried sea-water gargles with benefit in certain forms of relaxed sore throat.

Ordinary table salt and water as an outward application is an old remedy for open cancers and was thought at one time curative. In a case of cancer of the male breast that was under my care some years ago, I tried it for a few weeks, and found it a very cleansing application, and it also seemed to check somewhat the growth of epithelium.

I am afraid, however, that the paragraph from a paper by Dr. FitzGerald, read before the Folkestone Natural History Society in 1887, "Why the Sea is Salt", which closes this note, is only too true for sea-water applications ever to be widely used, although the paragraph below refers only to the internal administration of salt water; after quoting the various ingredients of sea water, the author goes on to say:

> *"Our seas thus contain the most powerful mineral waters which exist; and if sea water were only expensive or limited in quantity, it would be credited with the cure of all the ills which flesh is heir to. Thousands of invalids would rush to any inland town possessing a spring half as rich in mineral matter as the sea, and yet it is hardly ever taken as a medicine, except by sailors who know its value."- W. J. Tyson, MD in "The British*

Medical Journal", 21 Dec. 1889.

The Curative Value of Sea-Water

"The composition of sea-water is very complex, and besides the salts contained in Ringer's solution, there are traces of gold, barium, strontium, rubidium, caesium, and radium. The therapeutic value of the sea-water, no doubt depends on these. This is Quinton's view: that the curative value of sea-water consists in these minute traces or the rarer elements." - Roberson Day in "Sea Water Treatment", 1914.

On Collecting Sea Water

When collecting sea water for therapeutic usage, the same needs to be checked for the presence of pathogens, such as Bacillus Proteus. Proteus bacilli are widely distributed in nature as saprophytes, being found in decomposing animal matter, sewage, manure soil, the mammalian intestine, and human and animal faeces. They are opportunistic pathogens, commonly responsible for urinary and septic infections. Therefore there is a method to be followed to collect sea-water.

The Salubrity of Warm Bathing

"Had I any hopes of being able by any thing I could say to prevail on the inhabitants of this island to adopt more generally a practice which so many nations have considered as a most rational luxury, and which, no doubt, is as conducive to Health as it is essential to personal cleanliness.

I should think my time well employed, were I to write a volume in recommendation of Warm Bathing. But I am sensible that, after all that has already been said on that subject by ancient and modern writers, by historians and by medical men, what I could add would be of little avail. If a perfectly free circulation of the blood, brought on and kept

up for a certain time without any violent muscular exertion, and consequently without any expense of strength, be conducive to Health, in that case Warm Bathing must be wholesome; and, so far from weakening the constitution, must tend very powerfully to strengthen it.

Among those nations where Warm Bathing has been most generally practised, and where the effects of it have, of course, been best known, no doubts have ever been entertained of its being very beneficial to Health; and nobody can doubt of its being pleasant and agreeable in a high degree. Had warm bathing never prevailed but in certain climates, doubts might be entertained of its general usefulness; but so many nations, remote from each other, and inhabiting countries extremely different, not only in respect to climate, but also in respect to situation and produce, and where manners and customs have been extremely different in all other respects, have practised it, that we may safely venture to pronounce warm bathing to be useful to man. It was by accident I was led, about two years ago, to consider this subject with that attention which it appears to me to deserve; and I then made an experiment on myself, the result of which I really think very interesting, and of sufficient importance to deserve being made known to the public.

The waters of Harrowgate, in Yorkshire, having been recommended to me by my physician, I went there in the month of July 1800, and remained there 2 months. I began with drinking the waters at the well every morning, and with bathing in them, warmed to about 35.5 Centigrade thermometer, every third day at my lodgings. At first I went into the bath at about 10 o'clock in the evening, and remained in it from 10 to 15 minutes, and immediately on coming out of it went to bed, my bed having been well warmed, with a view to preventing my taking cold. Having pursued this method some time, and finding myself frequently feverish and restless after bathing, I accidentally in conversation mentioned the circumstance to an intelligent gentleman who happened to lodge in the house, and who had long been in a habit of visiting Harrowgate every year.

He advised me to change my hour of bathing, and to stay longer in the bath, and, above all, to avoid going into a warmed bed on coming out of it. I followed his advice, and shall have reason all my life to thank him for it. I now went into the bath regularly every third day, about 2 hours before dinner, and stayed in it half an hour, and on coming out of it, instead of going into a warmed bed, I merely had myself wiped perfectly dry with warmed cloths in a warmed room adjoining to the bath; and dressing myself in a bed-gown, which was moderately warm.

I retired to my room, where I remained till dinner-time, amusing myself with walking about the room, and with reading or writing, till it was time to dress for dinner. The good effects produced by this change of method were too striking not to be remarked and remembered. I was no longer troubled with any of those feverish heats after bathing which I experienced before; and so far from feeling chilly, or being particularly sensible to cold on coming out of the bath, I always found myself less sensible to cold after bathing than before.

I even observed, repeatedly and invariably, that the glow of Health and pleasing flow of spirits, which resulted from the full and free circulation of the blood which bathing had brought on, continued for many hours, and never was followed by any thing like that distressing languor which always succeeds to an artificial increase of circulation and momentary flow of spirits which are produced by stimulating medicines. I regularly found that I had a better appetite for my dinner on those days when I bathed than on those when I did not bathe. And also that I had a better digestion and better spirits, and was stronger to endure fatigue, and less sensible to cold in the afternoon and evening. As these favourable results appeared to be quite regular and constant, I was induced to proceed to a more decisive experiment. I now began to bathe every second day, and, finding that all the advantageous effects which I had before experienced from warm bathing still continued.

I was encouraged to go one step further, and I now began to bathe every day. This experiment was thought to be very

hazardous by many persons at Harrowgate, and even by the physician, who did not much approve of my proceedings; but as no inconvenience of any kind appeared to result from it, and as I found myself growing stronger every day, and gaining fresh Health, activity, and spirits, I continued the practice, and actually bathed every day at 2 o'clock in the afternoon for half an hour in a bath at the temperature of 35.5° and 36°C, during 35 days.

The salutary effects of this experiment were perfectly evident to all those who were present and saw the progress of it, and the advantages I received from it have been permanent. The good state of Health which I have since enjoyed I ascribe to it entirely. But it is not merely on account of the advantages which I happened to derive from warm bathing which renders me so warm an advocate for the practice. Exclusive of the wholesomeness of the warm bath, the luxury of bathing is so great, and the tranquil state of mind and body which follows it is so exquisitely delightful, that I think it quite impossible to recommend it too strongly, if we consider it merely as a rational and elegant refinement. I am persuaded, however, that we are very far in this country from understanding the best method of fitting up warm baths, and of using them in the most comfortable and advantageous manner. It appears to me to be quite evident that it is not the water, but the warmth, to which most, if not all, the good effects experienced from warm bathing ought to be ascribed.

The manner in which a warm bath operates in producing the pleasant and salutary effects which are found to be derived from it appears to me to be so evident as to admit of no doubt or difference of opinion on that subject.

The genial warmth which is applied to the skin, in the place of the cold air of the atmosphere by which we are commonly surrounded, expands all those very small vessels where the extremities of the arteries and veins unite, and, by gently stimulating the whole frame, produces a free and full circulation, which, if continued for a certain time, removes all obstructions in the vascular system, and puts all the organs into that state of regular, free, and full motion which

is essential to Health, and also to that delightful repose, accompanied by a consciousness of the power of exertion, which constitutes the highest animal enjoyment of which we are capable.

If this statement be accurate, it cannot be difficult to explain, in a manner perfectly satisfactory, why a warm bath is often found to produce effects when first used, and especially by those who stay in the bath for too short a time, which are very different from those which it ought to produce, and which it cannot fail to produce when properly managed. We shall likewise be enabled to account for the feverish symptoms which result from going out of a warm bath into a warmed bed. The beginning of that strong circulation which is occasioned on first going into a warm bath is an effort of Nature to remove obstructions; and if time be not given to her to complete her work, and if she be checked in the midst of it, the consequences must necessarily be very different from those which would result from a more scientific and prudent management.

Hence we see how necessary it is to remain in a warm bath a sufficient time; and, above all, how essential it is that the bath should be really warm, and not tepid, or what has been called temperate.

When we consider the rapidity with which water carries off heat from any body hotter than it which is immersed in it, we shall find reason for astonishment that any person, even the strongest man in a state of the highest health, is able to support the loss of heat which must necessarily result from lying for half an hour quite motionless in a tub of water at the temperature of 13 or 15.5 C; and yet, if I am rightly informed, baths at that temperature have sometimes been ordered by physicians, and even for persons of delicate constitutions. Because we are able to support that degree of cold without injury in air, that is very far indeed from being a good reason for concluding that water at that temperature would not be hurtful; for water is 800 times more dense than air, and consequently when it is cold must deprive our bodies of heat when we are immersed in it, with infinitely greater rapidity than air at the same temperature can do.

Having reason to think that physicians in general are not sufficiently aware of the very great difference there is in the powers of these two fluids to carry of heat when they are both at the same temperature, and having myself been a witness more than once to very alarming consequences which have resulted from the use of what was called a tepid bath.

I cannot resist the inclination I feel to avail myself of this opportunity of calling the attention of medical men to a circumstance which is most undoubtedly of very serious importance. When we go into a bath at the temperature of about 37 C (which is blood heat), though the water at first may seem warm to us, and even hot, yet it is not capable of communicating much heat to us: for our bodies being at the same temperature, except it be perhaps at the very surface of the skin (where the nerves of feeling are most plentifully distributed), there is no reason why heat should pass out of the water into us; but if the water be only a few degrees below the temperature of the blood, though it may feel warm when we first go into the bath, yet that sensation will soon be followed by one of a very different nature, and the water will carry off heat very rapidly from the surface of the body.

A rapid cooling of the body, by carrying off by a mechanical process the heat generated in the body by the action of the vital powers, may or may not be advisable in certain cases. That is a question of nice discrimination, and one upon which I am perfectly sensible that I am not qualified to decide; but I may be allowed to point out physical consequences not very obvious, and consequently not likely to be subjects of meditation and investigation, which ought certainly to be rightly understood.

There is one observation more respecting tepid and temperate baths which appears to me to be deserving of particular attention; and that is the state of inaction in which a person commonly remains in such a bath, and the probable consequences of inaction under such circumstances.

Observations on Cold Baths

Swimming is universally allowed to be a wholesome exercise, and there are few instances. I believe, of harm arising from it, even when the water has been at a much lower temperature than that of the blood; but I am far from being of opinion that remaining in the water without any muscular exertion would be found to be equally conducive to health. Cold baths are perfectly different from hot baths and tepid baths, and the intention of the physician in ordering them is also different. I am not prepared to explain the physical effects produced by a momentary plunge into cold water, and much less to give an opinion respecting the salubrity of the practice of cold bathing, or of its usefulness as a remedy for certain diseases. But to return from these speculations to more interesting details, to the results of actual experiments.

During the 35 days that I continued to make daily use of a warm bath, I made a number of experiments on myself, in order fully to satisfy my own mind on several important points respecting which I still had doubts remaining. Some of those experiments were certainly too hazardous to be reconciled to sober good sense, and to that prudent attention to the preservation of health which every wise man would be ashamed of neglecting.

But though I may be blamable for my temerity, and may even expose myself to ridicule by making a discovery of my rashness, yet I am so deeply impressed with the importance of the results of some of my experiments that I cannot refrain from laying them before the public.

Having long entertained an opinion that the most effectual means that can be used to prepare the body to support, without inconvenience and without injury.

Those occasional exposures to cold to which every person is liable who inhabits a cold country, is, by a proper application of warmth and without the fatigue of violent muscular exertion, to bring on, and keep up for a certain time, at certain intervals, such a full, strong, and free circulation and perspiration as shall effectually remove from

time to time all those gradual contractions and obstructions which chilling cold naturally produces, and give a new impulse to those actions in which life, health, and strength consist.

I imagined that, if this opinion was well founded, the use of the warm bath, instead of rendering my habit more delicate, and making me more liable to take cold on exposing myself in the cold air, I should certainly find myself strengthened by it, and my constitution rendered more robust.

The first direct proofs I had that this advantageous change had actually taken place in me were accidental, and it was probably that discovery which induced and encouraged me to expose myself voluntarily to more severe trials. I had, from the time of my first arrival at Harrowgate, been in a habit of retiring to my room towards evening every day, where I commonly spent an hour or more in reading or writing; and, as I never had any fire in my room, I frequently felt myself quite chilled by the cold of the evening. At this time I bathed only once in three days; but, after I had begun to go into the bath before dinner, I soon found that I was much less sensible to the cold of the evening on those days when I bathed, than on those when I did not bathe. It was the discovery of this interesting fact which contributed much, and perhaps more than any thing else, to induce me to take the resolution (which was considered as very violent and unadvised) of going into the bath every second day, and afterwards every day.

After I had continued to bathe every day for some time, I no longer felt the smallest inconvenience from the cold of the evening, though I frequently sat in my room with the windows open when the weather was very cold and chilly, till it was so dark that I could neither see to read nor to write; and when I joined the company below I felt myself in high spirits, and never wanted an excellent appetite to my supper.

My sleep was undisturbed and refreshing, and every thing indicated the return of perfect Health. All these favourable appearances having continued for some time,

and finding my strength to increase daily, I became more venturous, and frequently went out after it was dark, when the evening was cold and raw, and walked alone more than half an hour on the bleak, dreary common which lies before the house where I lodged (the Ganby Inn), to see if my constitution was really so much changed as to enable me to support that trial without taking cold.

I even returned on foot from the play-house, across the common, several times in the evening, lightly dressed, when a cold wind blew over the common, and after I had suffered much from heat in the theatre; but in none of these severe trials did I receive the smallest injury. I never took cold, nor did I experience any feverish heats or restlessness on going to bed after them.

I call them severe trials, and as such they will doubtless be considered, when it is recollected that, when I arrived at Harrowgate, I was far from being in a good state of health (having never recovered from the dangerous illness I had brought on myself 6 or 7 years before in Bavaria, by excessive application to public business), and when it is remembered that at the time when I was exposing myself in this manner to the danger of taking cold I was using the warm bath every day. But I am firmly persuaded that it was to the warm bath that I was indebted for my escape; and it is that persuasion which has induced me to publish this account of my experiment. I am very far, indeed, from wishing that my example should be followed in all points. All the unadvised and imprudent details of the experiment may, and ought to be, omitted.

It would, indeed, be more than imprudent - it would be foolish - to repeat them. But I do really believe that all those who will be persuaded to adopt the practice of warm bathing, in health and in sickness, will find the greatest and most permanent advantages from it.

Were the general and constant use of the warm bath by persons in health a new thing, I should have many scruples in recommending it to the public, whatever my private opinion of its salubrity might be. But so many nations have practised it for ages, and there are so many who now

practise it, and, what is very remarkable one (the Russian) which inhabits the coldest parts of the globe, that there cannot possibly be the smallest reason to doubt of its beneficial effects." Sir Benjamin Thompson, in "Collected Works of Count Rumford: Devices and techniques", Vol. III, 1969.

Water Versus Ardent Spirits

"If," says Hoffman, a celebrated German physician, "there is in nature a remedy which deserves the name of universal, it is, in my opinion, pure water.

- The use of it is so general, and so necessary to us all, that we can neither live, nor preserve our bodies sound and healthy without it."

Water is the natural drink of plants and animals of every description, and is the only article which can fulfil those ends for which the introduction of a liquid into the human system is demanded.

Its use is equally adapted to every age and temperament, — to every season and climate.

It facilitates digestion, and, by its fluidity and mildness, promotes that free and equable circulation of the blood and humours through all the vessels of the body, upon which the due performance of every animal function depends. Hence, in physical strength, in the capability of enduring labour and fatigue, in the vigour and clearness of the intellectual powers, the individuals whose drink is confined entirely to water, far exceed those who substitute for the pure element distilled or fermented liquors.

"Their equal days
Feel not th' alternate fits of feverish mirth,
and sick dejection. —
Blest with Divine immunity from ails,
Long centuries they live; their only fate
Is ripe old age, and rather sleep than death."

Errors in regard to drink constitute one of the causes to-which, in a great measure, are to be attributed the increase of disease as society advances in refinement and luxury, It has been computed, that since the introduction of ardent spirits into common use, more victims have fallen by it alone, than by the sword and pestilence within the same period. A belief is entertained by many that there are certain circumstances, however, which render the latter a preferable drink to pure water. Ardent spirits are supposed useful to preserve the system from the effects of cold and dampness. The very contrary is the fact.

Though an individual, while under the immediate excitement of the intoxicating draught, may perhaps expose himself with impunity to a degree of coldness and moisture, which would be injurious under other circumstances yet when the stimulating effects of the-liquor have passed away, his system is left in a condition far more subject to their deleterious influence than is that of the man habitually sober. To drink water during hot weather, or in warm climates, would, it is imagined, lay the system open to the attacks of disease, while a contrary effect is ascribed to the use of ardent spirits. Experience has, however, proved that the latter augment instead of diminishing the pernicious influence of extreme heat.

> *"Rum, whether used habitually, moderately, or in excessive quantities, in the West Indies, always diminishes the strength of the body, and renders men more susceptible of disease, and unfit for any Service in which vigour or activity is required."- Dr. Bell*

Rush very aptly remarks, that we might as well throw oil into a house, the roof of which was on fire, in order to prevent the flames from extending to its inside as to pour ardent spirits into the stomach to lessen the effects of a hot sun upon the skin.

> *"I have known, many instances of persons who have followed the most laborious employments for many years, in the open air,*

and in warm and cold Weather, who never drank any thing but water, and enjoyed uninterrupted good health."- Dr Rush

Dr. Mosely, who resided many years in the West Indies, confirms this remark.

"I aver, from my own knowledge and custom, as well as the custom and observations of many other people, that those who drink nothing but water, or make it their principal drink, are but little affected by the climate, and can undergo the greatest fatigue without inconvenience, and are never subject to troublesome or dangerous diseases."- Dr. Mosely

The instances in which sudden death has occurred from drinking cold water during a heated condition of the body, may probably be urged improved of the necessity of tempering the water with a portion of ardent spirits. It is to be remarked however that it has been found from observation, that the injurious effects of cold water under the circumstances here referred to, occur principally, or almost exclusively, in those individuals who are habitually intemperate. We have spoken above of water as a means of preserving health and of warding off the attacks of disease.

The following fact from the page of ancient history, will show its powers as a restorative means. Pomponius Atticus, the friend of Cicero, to whom so many works and letters of the latter are addressed whilst labouring under the uncomfortable state of the mind produced by disease of the stomach, became disgusted with life and resolved to destroy himself. He called together his relations and friends, to communicate to them his design, and to consult with them upon the species of that he should make choice of.

Agrippa his son in-law not daring openly to oppose his resolution persuaded him to destroy himself famine; advising him however to make use of a little water to alleviate the sufferings which would at first result from entire abstinence.

Atticus commenced this regiment whilst he conversed with his family philosophised with his intimate friends, and

passed many days in thus preparing himself for death.

This, however, did not occur; on the contrary, by restricting himself solely to water as his only nourishment, the pains of the stomach and bowels, by which he had been previously tormented, ceased; and he speedily felt himself improved in health and more tranquil in mind. Agrippa now attempted to convince him, that as the disease under which he had laboured was happily removed, he-ought to renounce his design of putting a period to his existence.

Atticus confessed, at length the justness of his son in-laws arguments: he accordingly followed his advice, and lead until a very advanced age." - Friedrich Hoffmann, from page 20, Journal of Health, No.2, Vol. 1, 23 September 1829.

"But that Hydropathy, by judiciously assisting nature, and abstaining from irritating the nervous system and digestive, organs, hastens the cure materially; while the ordinary medical treatment is very liable to injure these organs, and to render the frame more liable than before to the recurrence of disease." - in "The Westminster Review", Vol. 46, 1847.

Snow for a Fever

"The story related by Sir John Chardin of his own Cure in the Case of a malignant fever. Having left the port of Bander-Abassion the Persian Gulf on 20 May 1674, Chardin is on his return journey to Isfahan when he falls ill with a delirious fever. A French Surgeon looks after him as best he can, but his servants are all ill and men from the neighbouring villages are called in to carry him in an improvised litter as far as the town of Laar, three days march distant. Here he sends for the Governor's physician.

Chardin himself and the French surgeon both believe him to be dying but the Persian physician diagnoses his complaint as the malady of Bander-Abassi (presumably what we now know as malaria) and tells him he will recover quickly. Having Written out three separate papers of prescriptions and instructions for the apothecary, the

physician leaves, telling his patient that he will very soon feel cool and refreshed. The treatment prescribed by the physician involves the drinking of a very large quantity of different medicines, 2 litres of willow water and a jugful of tisane.

The apothecary, who remains by Chardin's bedside throughout his illness, tells him that he is going to have a terrible thirst and wishes he could procure snow-cooled water for him, but no snow is to be had by anyone save the governor. Chardin Suggests bribing the official who keeps it and the apothecary replies that this would be useless because there is so little that seals have been put on the place where it is stored. (Chardin learns subsequently that the Snow for Laar is all brought down from the mountains after a 9 day journey, and that Only the eighth part of what is sent arrives in town, the rest having melted en route).

In his fever, Chardin becomes desperate for Snow to cool his drinking water and finally sends personally to beg some from the governor, who responds with a supply.

The apothecary fills a bowl with barley water and Willow water, putting in a good lump of snow. When the Snow is half-melted, the apothecary tells his patient to drink as much as he likes, and Chardin finds the beverage delicious and all the more agreeable in that he is drinking it on doctor's orders. His fever continuing, Chardin is moved by the apothecary from his bed to a mat on the floor, with nothing but his own shirt for covering, not even a sheet, and 2 pillows under his head. Two men are brought to fan him.

His room is washed with cool water every hour, and finally he is Seated on a chair, drenched in cold water, and then washed with rosewater. Chardin blesses his Persian physician whose treatment is so voluptuous, but the French surgeon, who has not left his bedside, cannot refrain from expressing his indignation at this outrageous cure. All that cold water, a cold bath at the height of a fever, those pints of medicine, those iced drinks; “Believe me”, warns the Surgeon, instead of being quickly cured, you will soon be dead.

Chardin, however, now declines to believe that his last

hour has come, and before long begins to feel that his fever is abating. This is confirmed when the apothecary takes his pulse. In the evening the physician comes back. Chardin regards him as a Prophet or an Aesculapius.

The doctor orders him a pottage of rice cooked in water, with cinnamon and dried pomegranate rind: pounded together. It is the first nourishment he has taken for 5 days. Next morning the doctor orders him an emulsion of cold seeds, some more of his medicine, some raw cucumbers. All day he drinks barley and willow water with snow, eats watermelons and cucumbers and sucks pears. They put verjuice (a highly acidic juice made by pressing unripe grapes, crab-apples or other sour fruit) with his midday and evening pottage, and this improves its flavour. After a day of violent purging, Chardin is finally rid of his fever, and by the 31st of the month, the doctor tells him he is to eat nothing but rice and chicken for 10 days, and on 3rd June allows him to resume his journey, but on condition that he continues his medicine for 35 days. This medicine is a confection of gemme and mithridates and has warming effects, which counteract those of the excessive Cooling remedies which had rid him of his fever.

The French surgeon, who is still travelling with Chardin, persuades him to abandon the Persian physician's cure on the grounds that it is overheating. The Surgeon is clearly intent on proving the Persian in the wrong. Chardin Subsequently realizes that it was his French companion who was wrong, and he regrets having taken his advice. He suffers after-effects of his illness for the next 4 years, but is in the end completely cured when he goes to India. The hot weather there finally does the trick, he claims. Between conflicting advice from his Persian physician and his French surgeon, Chardin was probably fortunate to recover from his virulent fever. He was obviously blessed with a robust constitution, much cheerful common-sense and a will to survive."

"As for the use of ice or snow in fevers, it had been common practice in the Levant and Persia at least since the days of Galen. The Spanish doctor Nicolas Monardes of

Seville," in his book "Boke which Treateth of the Snow" 1574, quotes Galen as reproving two predecessors, Erastrato and Thessalis, for forbidding the use of cold water to patients ill with fever, saying that he himself hath healed many sicke persons that had the griefe of the Stomacke, with most Cold Water, and made cold with snowe. And in the 8, 9, 10 and eleventh of the same Method, hee healeth the Fevers and other diseases with water that is most cold.

Amato Lucitano "in the 7th century Speaketh of one that had a hot burning fever and for the great heat and inflammation he had in the throte could not Swallow down anything, and with a peece of frost, chewing it continually, not only it tooke away the difficulties of the swallowing down, and the inflammation in his throate, but did also ease him much of his fever." Nicolas Monardes in his book "collects many instances of advice on the use of snow and ice, provided that both are clean and free from impurities, to chill water for patients suffering from 'griefs of the stomach', 'hot griefs of the liver' and the acute pain concomitant to that disease, 'trembling of the heart' and even, most Strangely, toothache." - By Elizabeth David in "Harvest of the Cold Months" 2011.

Treatment of Malaria by Hydropathy

"In Boulder, Colorado, we had opportunity of teaching Physiological Therapeutics in connection with the State University Medical School.

We had this question to meet with the physicians there. Of course they had their own ideas and remedies, but we finally had an opportunity to demonstrate the effects of Hydropathy. They had several cases of malaria, which they had treated with their remedies, but after about 2 weeks the chills came on again. Then they wanted us to try Hydropathy, so we took the cases, and followed them through. Almost every one uses hot water instead of cold in this condition. You know the effect of hot water applied to the body. It reduces the number of blood cells, and lessens

their activity, and also reduces the alkalinity of the blood. Thus the leucocytes in the blood are prevented, or hindered in their work of destroying the germs.

Instead of doing this, the right thing to do is to increase the number and activity of the cells, thus keeping up the alkalinity of the blood, and increasing the activity of the leucocytes. We gave these patients a cool half-bath about 10 hours before the chill was due, and the chill never came. The men from the medical school were there to watch the results.

They watched for the chill to come, but it did not come. We used other cool treatments, and kept them up. Together we watched these cases for a week.

All that was required in the treatment was Hydrotherapy, and it was a success from the beginning. They had another case that they had been treating in their way for nearly 2 weeks. The man had been taking quinine and other medicines. The doctors told him it would probably be 3 or 4 months before he, would be well. They knew that the malaria germs could resist their medicines, and live in spite of them. They had proved that it was no use to try quinine. This case was more reduced than the others had been. We used cold mitten friction. We would begin treatments about the same number of hours before the chill was expected each time, and the chills kept coming farther and farther apart until finally they ceased — the treatments were successful.

It took us about a week to get him in shape. Just recently we had a patient at the St. Helena Sanitarium. He insisted on having hot baths and fomentations, and plenty of blankets. This went on for some time, the fever gradually getting the better of him.

I told him, of course, of my method of treatment, with cold instead of hot. He did not believe in it, and went on until he was about exhausted. Then he let us begin with the cold-mitten friction and other cold treatments, and it was not very long, even after his high fevers, before he recovered." - Dr H. F. Rand, MD, Superintendent St. Helena Sanitarium, in "Proceedings of the Medical Missionary Convention", Loma Linda, California, 28-31 October 1907.

Elixir of Life

"The successful practitioner will not, therefore, be surprised to find that his most valuable therapeutic agents lie outside of material medicine.

Hydropathy

Like the imponderable remedies, water is entirely too common to command respect. If it could only be dealt out in small quantities at extravagant prices, with the title "Elixir of Life", we might hope for Hydropathy to assume the place to which it is entitled in the cure of diseases.

The position which it now occupies compared with that which it should attain is about 1 to 8. In some families the dread of water as a means of cure in fevers and inflammation amounts almost to hydrophobia. I have sometimes been obliged to resort to the ruse of ordering a few grains of some saline or powder, carefully prepared at, a drug store, to be cautiously added to a tub of water in order to secure the advantages of a bath. The tepid pack and cold sponging in fevers, the warm pack in convulsions are my principal handmaids. In bronchitis and pneumonia large draughts of water supply the place of expectorants and a towel pack protected by oil silk covering takes the place of the poultice.

The most obstinate constipation may be overcome by the internal use of water, and in suppression of urine it is the best diuretic. There can be no doubt that infants suffer frequently from want of water, which should be administered in the interval of nursing. There is a form of dyspepsia, in infants at the breast, accompanied by gastralgia, often mistaken for colic, which has its cause in the density of the lacteal secretion, and its remedy in the administration of a little water or barley-water before nursing.

I have received more thanks for the comfort that this simple suggestion has given not only to the infant, but to the disturbed household, than for any other cure.

The vapour bath for the relief of dropsy following scarlatina is best administered by means of bottles containing hot water wrapped with wet towels placed around the patient enveloped in a blanket. The daily bath is as important to the infant as its daily food, and the hour for its administration should be punctiliously observed. Except in case of great debility the bath should be given by submerging the body in water at a temperature of 32°C.

In hot weather it should be given morning and evening, duration limited to 10 minutes. The skin should be wiped dry and the body oiled with the oil of bitter almonds. In rickets and debility, with relaxation of muscular fibre and simple atrophy, the addition of sea salt to the bath is of positive advantage.

Cold baths and cold sponging in these cases are preferable. Restlessness and insomnia in the course of acute and chronic diseases are better controlled by the warm baths than by narcotics. In congestion of the brain, with threatened meningitis, warm baths repeated every hour and the application of the rubber coil to the head are more effectual than medication. The itching and inflammation accompanying many diseases of the skin is best allayed by the warm bath made alkaline by the addition of a little carbonate of soda. In Laryngismus Stridulus and in true and false croup the application of the cold pack to the throat and upper part of the chest gives immediate relief. There is a condition in weakly children, quite alarming, if not indeed dangerous, which is not a true Laryngismus, but a "catch in the breath." Children thus affected are frequently threatened with chastisement, which, of course, increases the difficulty. The cold shower bath is the cure. In difficult dentition great relief is given by rubbing the swollen gums with a bit of ice wrapped in a napkin." - Dr John A. Larrabee, MD, Professor of Materia Medica Therapeutics and Diseases of Children, In the Hospital College of Medicine, Louisville, Ky., in "New England Medical Monthly", Vol.9, 1890.

On the External Use of Cold Water in the Cure of Fever

"This paper was read for the first time before the Society, on the 7th of March 1779. It was again read on the 8th of March following, and ordered to be printed in the Society's Transactions. Afterwards, in March 1783, and March 1784, it was read for the third and fourth time, and on each of these occasions, it was resolved to postpone the publication sine die. On the second return of Dr Wright from Jamaica, in 1786, the paper was recovered from Dr Thomson, the Secretary to the Medical Society; and, as a communication to Dr Simmons, it was first printed in the London Medical Journal, Vol. vii. Part 2. p. 199.

From the time that physicians have found fresh air and cold watery drinks so beneficial in the smallpox and malignant fevers, these diseases have been less fatal within the tropics than formerly. Having often observed how greatly people, labouring under malignant fevers, were refreshed by washing the hands and face in cold water, I was led to think that the cold bath would answer many good purposes in obstinate malignant and putrid fevers; but a practice so new in Jamaica, and so different from the common methods, could not well be proposed; and, if it had, would probably not have been submitted to; on which account, I kept my opinion to myself till some favourable opportunity; which did not happen till I was on my passage from Jamaica to England. On the 1st of August 1777, I embarked in a ship bound to Liverpool, and sailed the same evening from Montego Bay. The master told me he had hired several sailors on the same day we took our departure; one of whom had been long at sick quarters on shore, and was now but in a convalescent state.

28 August, we were in the latitude of Bermudas, and had had a heavy gale of wind for three days, when the above mentioned man relapsed, and had a fever, with symptoms of the greatest malignity. I attended this person often, but could not prevail with him to be removed from a dark and confined situation to a more airy and convenient part of the ship; and as he refused medicines, and even food, he died on the eighth day of his illness. By my attention to the sick man,

I caught the contagion, and began to be indisposed on the 5th of September, and the following is a narrative of my own case, extracted from notes daily marked down. I had been many years in Jamaica, but, except being somewhat relaxed by the climate and fatigue of business, I ailed nothing when I embarked. This circumstance, however, might perhaps dispose me more readily to receive the infection.

September 5th, 6th, 7th small rigours now and then, a preternatural heat in the skin, a dull pain in the forehead, the pulse small and quick, a loss of appetite, but no sickness at stomach, the tongue white and slimy, little or no thirst, the belly regular, the urine pale and rather scanty, in the night restless, with startings and delirium.

8 September, every symptom aggravated, with pains in the loins and lower limbs, and stiffness in the thighs and hams. I took a gentle vomit on the second day of this illness, and next morning a decoction of tamarinds; at bed-time, anopiate, joined with antimonial wine, but this did not procure sleep, or open the pores of the skin.

No inflammatory symptoms being present, a drachm of Peruvian bark was taken every hour for 6 hours successively, and now and then a glass of port-wine, but with no apparent benefit. When upon deck, my pains were greatly mitigated, and the colder the air the better. This circumstance, and the failure of every means I had tried, encouraged me to put in practice on myself, what I had often wished to try on others, in fevers similar to my own.

9 September, having given the necessary directions, about 3 o'clock in the afternoon I stripped off all my clothes, and threw a sea-cloak loosely about me till I got upon deck, when the cloak also was laid aside: 3 buckets ful of cold salt water were then thrown at once on me; the shock was great, but I felt immediate relief.

The headache and other pains instantly abated, and a fine glow and diaphoresis succeeded. Towards evening, however, the febrile symptoms threatened a return, and I had recourse again to the same method as before, with the same good effect. I now took food with an appetite, and, for the first time, had a sound night's rest.

10 September, no fever, but a little uneasiness in the hams and thighs-used the cold bath twice. 11 September, every symptom vanished, but, to prevent a relapse, I used the cold bath twice. Mr Thomas Kirk, a young gentleman, passenger in the sane ship, fell sick of a fever on the 9th of August.

His symptoms were nearly similar to mine, and, having taken some medicines without experiencing any relief, he was desirous of trying the cold bath, which, with my approbation, he did, on the 11 and 12 of September, and, by this method, was happily restored to health, He lives at this time near Liverpool.

There are a number of testimonies, both ancient and modern, of the cure of putrid and malignant fevers, by administering cold water in large quantities, for common drink, and applying cold water externally to the surface of the body. T

he Greek physicians extinguish the intense heat of ardent fevers, at their height, by making their patients drink large quantities of cold water, and sometimes plunging them into a cold bath. A copious and critical sweat was always expected to follow this practice. Dr Cyrillus (de Phil. Trans. Vol. xxxvi. No. 410), a learned and ingenious physician and professor at Naples, has favoured us with a circumstantial account of the good effects of cold water given internally in malignant fevers at Naples, and observes, that, in obstinate cases, powdered snow was laid on the breasts of the sick. The success of this mode was such, that this practice was universally adopted there, and still continues till the present time. Dr J. G. de Hahn (Vide Acta Physico-Medica Acad. Nat. Cur. vol. x. p. 3. 4to, Norimberge, 1754) has given us the history of a putrid epidemic, which prevailed at Breslaw in 1737, and in which every method of cure was ineffectual, till cold water was applied with sponges to the whole surface of the body.

Among other proofs of the efficacy of this mode of treatment, the author mentions its successful use in his own case. Sir John Chardin, when at Gambroon, in 1673, was seized with a malignant burning fever, attended with delirium and many other bad symptoms; and of which, after

having had many medicines prescribed without the desired effect, he was speedily cured by the cold bath. “This uncommon and surprising practice” (Dr Glast first Letter to Dr Baker, p. 37. 8vo. London 1767), “so successfully employed in curing a burning fever, accompanied with weakness, faintness, and prostration of strength, without any apparent cause, when duly considered, points out a more successful method of treating our putrid, malignant fevers than that which is at present most commonly used."

In the West Indies fevers are less contagious than in this country, because the same causes of contagion do, in general, not exist there; the sick being placed in airy and well-ventilated chambers; but in jails, in crowded hospitals and ships, fevers, in the West Indies, are as infectious as in Europe; of which have been many examples within these last 4 years. The cure, in those cases, was effected by a removal of the sick to better air, by cleanliness in apparel and bedclothes, frequent bathing in the sea for a short time , cold water alone for drink, or acidulated with elixir of vitriol, a moderate use of wine, and the bark. London, 2 January 1786” - in Memoir of the late Dr William Wright, MD.

Of the Internal Use of Cold Water in Fever

“Among the ancients the internal use of cold water in ardent fevers is recommended by Hippocrates, Galen, Celsus, and mod of the celebrated physicians whose works have come down to us: among the moderns, that extraordinary man, Cardanus, wrote a dissertation in its favour, and to pass over a multitude of names, Hoffman (Hoffmanni Opera, vol. I, p.479), though with some refractions recommends it, not in fever only, but in various other diseases.

In our own country (United Kingdom) it was proposed as

an almost universal remedy by Smith, and a treatise has been written on it under the title of Febrifugum Magnum, by Dr. Hancock. In Spain and in Italy the use of cold water in fevers, obtained in the beginning of this century, a greater and more general reputation than in any of the other countries in Europe, and at one time, seems to have superseded all other diet, as well as medicine.

This treatment was celebrated under the title of Diaeta Aquea, and an account of it may be found in the 36th Vol. of the Philosophical Transactions, by Dr. Cyrillus, a professor at Naples, to which the reader is referred. Besides the internal use of cold water, he mentions the advantage of laying powdered ice or snow on the bodies of the sick. Nevertheless, the propriety of giving cold water in fevers has been disputed by men of high character, and particularly by the celebrated Boerhaave.

His doctrine, that a lentor in the blood is the cause of fever, led him to insist on the use of warm drink, and the danger of cold; and his commentator Van Swieten, though he allows cold drink in some instances, yet in general argues against it. These learned theorists prevailed in their day over the voice of nature, and the precepts of Hippocrates and Hoffman." - Dr James Currie, MD FRS, in "Medical reports, on the Effects of Water, cold and warm, as a remedy in fever and other diseases", Vol. I, 1805.

On the External Use of Cold Water in the Small-Pox

"This Paper, accompanied by the foregoing, was read before the Medical Society in 1779, 1783, and 1784; but, as appears from the following Letter to Dr Duncan, was never published till the year 1807, when it appeared in the Medical and Surgical Journal, vol. iv, p. 123.

Letter to A. Duncan jun. MD

Sir, This paper, together with that on the external use of cold water in malignant fever, was written in 1769-1770, and

sent to Dr John Fothergill, for the Medical Society of London, in the beginning of the year 1779. It was read several times; at first ordered to be printed, afterwards postponed, and laid amongst their archives. It is probable that they thought this practice so rash and daring, that they would not give their sanction to it. The Society was soon afterwards dissolved by the death of Dr Fortergill, Dr Hunter, and Dr Solander; and I, with some difficulty, recovered my papers from Dr Thomson, secretary to the Society, Dr Simmons published my paper on fever in 1786, but this paper on the small-pox never saw the light, sent it, with others, to Dr Currie, at Liverpool; it is the same he alludes to in the second volume of his Medical Reports. I beg leave to present you with this copy, that, if you think proper, you may give it a place in your useful Medical Journal. Edinburgh, 15 September 1807:

"In the year 1768, the small-pox was in a manner epidemic in Jamaica; it proved fatal to a number of people who took it in the natural way, but only to a few who were inoculated and properly treated. This disease became general about the months of April, May, and June, in the parish of St James's. Such as had the disorder in the natural way, had a load of pustules, and often of the confluent kind. Sydenham's cool method of treatment was called to our remembrance, by the success of the Messrs Suttons, and of Dr Dimsdale.

But although a liberal use of cold drinks were allowed the sick, little benefit could be expected from cool air, in such a climate and season of the year, It is well known, that the quantity and quality of smallpox depends on the duration and violence of the eruptive fever; - any expedient, then, to mitigate the one, would of course render the other more favourable. The Maroon Negroes in Jamaica, and some nations on the coast of Guinea, have a custom of plastering the bodies of such of themselves as are taken ill of the small-pox, and especially during the eruptive fever, with wet clay, and with such good effects as determined me to try the cold bath. Maroon Negroes. Soon after the English settled in

Jamaica, a number of runaway Negroes assembled in the mountainous places.

They became formidable, and committed such ravages and depredations on the white inhabitants, as greatly obstructed the settlement of the country. Governor Trelawny obliged them to capitulate in 1739. So soon as a person was seized with the variolous fever, whether from inoculation or otherwise, I caused an assistant to throw cold water on their naked bodies every 4 or 6 hours. The consequence was a truce from the fever, from the headache, and pain in the back; a glow succeeded, with a kindly perspiration.

The eruption after this was for the most part favourable. In other cases, where the smallpox had made their appearance, and by their quantity, and the continuance of the fever, a confluent pock was apprehended, the cold bath not only abated the fever, but diminished the number of pustules, and the patients went through the disease easier. I do not recollect more than 1 person out of 500, treated in this manner, but what agreed perfectly well with the cold affusion. So soon as the eruption was completed, and the fever gone, I desisted from the external application of cold water; I kept my patients in cool air, and allowed them cold water through the whole course of the disease.

The secondary fever was prevented, or greatly mitigated, by timely purging the patient; and so soon as the pustules were at the height, by discharging the contents by a needle or some sharp pointed instrument (a practice common on the coast of Guinea), by the bark, and sometimes epispastics. But where the fever run high, antimonial wine, or James's powder, was given; but in common cooling laxatives, small doses of emetic tartar, with or without opiates, were sufficient; and, lastly, the bark and port wine.

Extract of a Letter from Dr Gairdner

The smallpox made their appearance in this parish, and it became necessary to inoculate the Negroes on Green Park, and Castle Wemyss estates, and also those of the small settlements. The practice was the same as Baron Dimsdale

recommends, only during the eruptive fever we used the cold bath, that is, we dashed cold water on their head and in their faces, which had a remarkable effect in giving immediate ease; it carried of the fever, and no doubt lessened the eruption.

At Castle Weemyss estate, when the Negroes were feverish, I made them go in below the spout of water. They were so much pleased with its good effects, that they often went below it of their own accord. All of then had the small-pox remarkably easy. One 120 of them were inoculated without any preparation; they were kept at easy, work during the whole time of the disease, and were all able to go to their usual employment in 14 days after being inoculated. The same success did not attend the Negroes on the small settlements, which I think was owing chiefly to their not using the cold bath." - St James's, 24 October 1778.

On the Incurability of Diseases, A Perpetual Myth Promoted by the Medical Trade

"The following articles from the "Botanic Advocate," were written by Dr. Holmes, of Montpelier, Vt., who has be come a convert to the Botanic Practice. His remarks are equally candid and true. — Ed. Rec.

Steam or Vapour Bathing - A strong but wholly unfounded prejudice exists in the opinions of many highly respected persons in the community, and even among many respectable physicians, against the Vapour Bath.

I would ask why vapour bathing is so much neglected by physicians in this country. They very generally acknowledge its efficacy as a remedy, and its great power as a preservative of health , Still it is, I may almost say, criminally neglected.

If there ever was a time when the use of the bath was indispensable, it cannot be less so at present, when so great a number of various diseases are deemed by the regular faculty incurable; such as scrofula, cancer, leprosy and consumption, with a long catalogue of chronic complaints.

Yet these lamentable results might have been prevented, if the sufferers had been timely brought under the influence of this system of practice.

Vapour bathing is more beneficial than bathing in warm water, in diseases connected with obstructed perspiration, inasmuch as it restores and promotes that salutary discharge, while the weight of warm water closes the pores and confines the perspiration. Heat and moisture united have long been known to intelligent physicians, to be among the most valuable means of cure in certain cases; and in no way can they be so effectually administered as by vapour baths. As a proof of their powerful influence, we would observe that, if a person were to drink half a pint of brandy, and then go into a bath, no intoxicating effect would be produced by it, but the towel would be strongly impregnated with the spirit. The idea so commonly entertained, that one is more liable to take cold after vapour bathing, is incorrect. In proving the correctness of our assertion, we will, therefore, appeal to the results of experience, that "the use of the vapour baths, in reality, a tonic, and fortifies the system against cold."

Facts are of more consequence than deductions from established principles. In Captain Parry's expedition to the North Pole, the bath was constantly used by the men, previous to taking their post on deck; and it was invariably found that the man who neglected to use it, could not stand on deck half so long as he who availed himself of its aid.

The Russian constantly plunges at once from the vapour bath to the cold bath, or exposes his body to the rigorous frost; this sudden transition hardens him to all the severity of climate, and to every vicissitude of weather. And we are told by Lady Mary Wortley Montague, that the Turkish Ladies, who do not yield in point of delicacy to those of this country, bear this sudden alternation of temperature equally well with the Russian peasant.

— Sir Arthur Clark says:

> *"There is no danger whatever from cold — the truth is, we are less liable to cold after vapour bathing, than at any other time,*

for the increased circulation on the surface of the keeps up a great degree of heat, which the non-conducting state of the skin long preserves in the medium of even a cold atmosphere"

"Taking cold, expressed on such occasions, is both groundless and injurious. Could these facts be generally known, much of the apprehension now existing, in regard to the steam or vapour bath, and the Botanic practice, would be done away and the cause of reform much advanced. We would urge our friends not to be backward in disseminating light on this subject. Our cause does not shun, but courts inquiry. Sir Arthur Clark says:

"Improve meet or discovery in any art or science, at first, is generally opposed, either from motive of prejudice, which it offends, or ignorance which it mortifies."

One of the greatest physicians that ever lived, acknowledges the truth of this observation, and applied to the medical profession in particular - "There is scarcely an improvement, (says he) in our art, however obvious, that did not experience, at first, the almost unanimous opposition of the faculty." - Holmes in "The Southern Botanical Journal, Devoted to the Dissemination and Support of the Thomsonian System of Medical Practice", Vol. I, 1838.

Cleanliness is said to be next to Godliness

"A very old adage which I have found to be no less true in the treatment of all diseases which have come under my observation. It is my custom to first make clean my patient, outside and inside so far as practicable, by the free use of pure water and good soap. I have never seen nor had a bad result from the use of these agents.

I am of the opinion that in many cases all the medicine that is needed is the free judicious use of water, abstinence

from food, plenty of pure air and sunshine. These agents, together with a clear conception and observation of the laws of hygiene will figure very conspicuously in the future of medicine.

In the treatment of disease there are 3 distinct steps. They are:

1. A correct diagnosis, ascertaining the cause;
2, absolute cleanliness by irrigation internally and the free use of water externally, and by the use of disinfecting agents;
3. Repair the damage, heal the wound, restore nature, rather assist
nature in her work of reconstruction."

- Dr James Osbourn DeCourcy, MD in "Diseases of the Alimentary canal, Treatment, Internal and External Hydrotherapy", JAMA, 28 July 1894,

The Effect of Water on Health

"If we allow that water provides the spark for energy creation, we must then reconsider the potentially short and long term catastrophic effects of even borderline dehydration that compromises cellular energetics, cellular efficiency, and inevitably, our own health. With increased water intake, we will lose salt, an essential nutrient, so we need to make up the difference. And please, don't rely on your sense of thirst to determine water needs; in chronic dehydration, from which most of us suffer, our thirst thermostat in the brain down regulates so we learn not be thirsty, even when we need water. Forget the traditional teachings that we should drink only when we are thirsty, and that (sea) salt is our enemy.

Both ideas, both principles should be discarded forever. And as Dr Batmanghelidj, MD reports and as I can confirm, I have seen patients with chronic high blood pressure on multiple medications including diuretics, whose blood pressure went down and the medications were discarded

when they increased their water consumptions and their (sea) salt intake. Recently, one patient's cholesterol, despite intensive nutritional supplementation including those anti-cholesterol nutrients such as carnitine,a proper organic diet and intensive detoxification routines, continued to rise toward the 300 level.

When I questioned him, he readily admitted that though I had suggested he consume 6-8 glasses of water daily, he assumed that the four glasses of prescribed carrot juice and a remarkable eight cups of organic herbal tea would serve as equivalents to drinking plain water, which he found tedious to do and distasteful.

When I instructed him that he immediately eliminate all herbal tea from his diet, substituting instead the recommended water, within 6 weeks his total cholesterol dropped 63 points and his HDL, the alleged "good" cholesterol, went up considerably.

Water intake had done effectively in 6 weeks what many heart-friendly supplements and an ideal nutritionally replete diet had failed to do in a year." - Dr Kelly Brogan, MD, 2018.

Life and Water are Inseparable

"Three quarters of the earth's surface is covered by water, just as three quarters of your body is made up of water. Even in the driest desert where rain may come just once every few years, the cycles of life are based on waiting for the arrival of water. Our bodies are not so patient. Every cell in your body needs water to survive, and that means that drinking plenty of clean, fresh water can make you stronger healthier and smarter. Water carries oxygen and fuel to your cells, lubricates your joints, regulates your body temperature, and plays a key roll in just about every function of your body." - Willie Nelson, in "The Tao of Willie: A Guide to the Happiness in Your Heart", 2006.

Dr Currie Reports on the Use of Water

"Dr. James Currie has published a work of utmost importance, and particularly so to the United States; for whose now reigning disease, it flatters us with some appearance of relief, if not of cure. The veracity of the author in all situations, is as well established as his reputation for solid and ingenious talents. Dr. William Wright, F.R.S. formerly of Jamaica, and well known for his writings in medicine and botany, seems to have furnished a case to our author, which, joined to his own previous opinions, led him to the train of practice and observation of which we are about to give the account.

Dr. Wright, while on a voyage from Jamaica, in 1777, being attacked with fever, on the third day of it, ordered three buckets of salt water to be thrown upon himself, which gave him instant relief; and this, being repeated on the 2 following days, removed every symptom of disease. Another passenger, whose attack from fever had begun on August 9, copied the example, and was restored to health. Encouraged by these incidents, and finding that Dr. Brandreth of Liverpool, had employed cold water externality in cases of fever, with happy effects, Dr. Currie resolved upon a series of experiments. In December 1787, Dr. Currie, in 7 cases of contagious fever, threw cold water from a bucket upon the body of each patient; and the whole recovered. The cure was chiefly intrusted to this remedy in 153 cases, of which the author kept a register. The 30th regiment of British infantry, in particular, while quartered at Liverpool, in 1792, afforded him an opportunity of trying this application with some precision; and the result of the experiment is instructive. A guard-room, prison-room, 2 sick-rooms, and a cellar, had, by their foulness, either caused or increased a fever, which soon affected a number in the regiment. Dr. Currie being called in, the primary causes of the disaster were removed, and the patients all cleansed.

Those whose strength was not greatly reduced, had cold

salt water poured upon them; and the rest were sponged over with tepid vinegar. The remainder of the regiment was drawn up in its ranks, and seventeen others who had marks of the disease were separated, and subjected to the cold affusion; which cut the disease short in all but 2 of these.

By affusion or aspersion, the author means the pouring of water upon a patient, as for example, from a bucket. Those who were yet well, were ordered to bathe in the sea; being regularly mustered for that purpose. The number infected in the whole was 58; of whom 26 had the disease, by these means, brought suddenly to a close; but in the remaining 32 it ran its course. It was fatal, however, only to 2; who had been weakened by visiting the West Indies, and by being bled, and who besides had not received the cold aspersion, not having been visited by Dr. Currie till the 12 or 14 day of the disease. The fever broke out about the beginning of June, but no new attack occurred after the 13th of that month. The water employed was taken from the river Mersey; having in it 1-32 or 1-53 part of sea salt; and being of the temperature of 58 or 60 degrees of Fahrenheit's.

When Dr. Currie speaks of fever simply, he means the low contagious fever; which frequently is called the nervous, and in certain cases the putrid, fever; being the common fever of England. Dr. Cullen gives it the name of typhus; terming it a contagious fever; in which the heat is but little increased; the pulse small, weak, and mostly quick; the urine scarcely changed; the functions of the brain and senses much disturbed; and the strength greatly reduced. In fevers called continued, there is nevertheless at least one increase and one abatement in each day.

This increase of the fever is known by thirst, restlessness, and increased flushing; and also by the heat in the internal parts of the body, raising the thermometer one or 2 degrees beyond the average observed during other moments of the fever.

As this increase (or paroxysm) usually occurs in the afternoon or evening, Dr. Currie prefers this period (other things being equal) for the cold affusion; thinking it most safe, as well as most useful, to apply the water at the height

of the fit or immediately after it has begun to decline. But he says, that the remedy may be safely used, when there is no sense of chilliness present, when the heat of the surface is steadily above what is natural, and when there is no general or profuse perspiration; which he observes, are particulars of the utmost importance.

During the cold stage of the fever, the cold water nearly suspends the respiration, greatly disturbs the pulse, increases the chill, and seems to bring on the Struggles of death; and really would do so, if repeated. The thermometer therefore is never to govern the practitioner, where the chilliness of the patient contradicts its indications. On the other hand, the absence of chilliness is no guide, unless the thermometer concurs to show a heat more than natural. Lastly, profuse perspiration, in fever, must for the time, deter from the operation; and especially in proportion to its continuance.

Though perspiration is in itself a cooling process, yet the load of heated bed cloths may prevent an internal diminution of the heat from being immediately perceived under these restrictions, Dr. Currie thinks, that the cold affusion may be used at any period of fever; but preferably in the beginning.

The author seems after each affusion to have rubbed the body hastily with towels.

The cold affusion generally reduces the heat from 2 to 6 degrees of Fahrenheit's thermometer; and the pulse sinks by it from two to above 20 beats in the minute; and in one case, somewhat dubious indeed as to its issue, it fell at least 40 beats. Where the heat is reduced and the debility great, some cordial should be given immediately after the affusion; and the author thinks that warm wine is the best.

In case the affusion produces effects unusually severe, then to the cautious use of warm cordials in small quantities, friction and especially of the extremities, is to be added, and a bladder of hot water applied to the pit of the stomach.

Several examples are given of the effect of the cold affusion in the first, second, third, fourth, and succeeding days of fever. On the first and second days, the disease often

instantly vanishes with one aspersion; and sometimes on the third day; but on the fourth day this is rare. Each aspersion however instantly removes the symptoms; and a few repetitions of it on the successive returns of the paroxysm, in 2 or 3 days happily terminate the disease, with none or trifling aid from medicine. In advanced periods of the disease, the author commonly employs water only 15 or 20 degrees below the natural heat of the human body. After the eighth or ninth day he often simply sponges the whole body with tepid vinegar, to which he sometimes adds water.

But where the heat has remained considerable, and where the sole object has been its removal, he has still persisted in the tepid aspersion.

Hence another limitation occurs to the author's general doctrine; for the cold affusion is to be changed after a certain number of days for the tepid, and the tepid affusion in various cases is to give way after a time to moistening and washing the body.

Since cold, cool, and even tepid water, employed externally, each reduce the patient's heat; we see why this heat should not be too low at the moment, lest too great a chilliness should follow.Hence also the same patient, whose disease has been removed by cold water judiciously applied, would often suffer from repeating the application in his convalescent state. But if we think we perceive why this rude remedy answers so happily at the delicate moment of the hot fit; we are still to inquire, whence it often removes the whole of the disease, of which the heat seems to constitute only a part?

Dr. Currie, as might be expected, has extended his trials with water to other species of fever. One species and one alone, he has found in every shape insensible to his great remedy, of aspersion with cold water; but this species was generally insensible also to every other remedy, and was not made worse by cold water. This fever occurs, he says, chiefly in the winter season; and in persons who are in the flower or vigour of life, and who are also possessed of considerable sensibility of mind, and are in habits of more than ordinary mental exertions.

Other particulars of this complaint must be looked for in Dr. Currie; who is the first perhaps who has noticed it, as a distinct species of fever; to which indeed it seems to lay claim, not merely by its refusing to yield to his applications, but by its symptoms; and particularly by the acuteness which prevails in all the senses of the patient, beyond perhaps the state of nature, and certainly beyond what occurs in common fever. In intermittent, the cold affusion with vigorous patients, applied before the period of the cold fit, has prevented the whole of the fit; but where weakness made the attempt hazardous, the cold fit was suffered to arrive and pass, and the affusion was applied to the hot fit when thoroughly formed. The disease was sometimes cured in the first case; but in the second, there was only a solution of the pending fit; though 4 or 5 repetitions of the practice finally removed the disease. In any event, opportunity was given for throwing in medicines. Dr. Currie has found not only that eruptions on the surface of the skin, but that salivation, are no obstacles to the cold affusion, under the restrictions before mentioned. A friend of his has tried it also in the first commencements of scarlet fever (scarlatina,) and with complete success. The efflorescence on the skin and the affection of the throat were even prevented; which has led Dr. Currie to consider the tendency to these symptoms as being the effect, and not the cause, of this fever.

Dr. Currie having had no late opportunity of treating the scarlet fever in its early stages, has contented himself with prescribing for it in its later stages, immersion in the tepid bath, heated from 92 to 96 degrees of Fahrenheit. In the eruptive fever of the small pox, Dr. Currie has found a new object for the successful use of the cold affusion; regulating himself as usual by the actual state of the patient's heat, as appearing from the thermometer, provided the indications of the thermometer are confirmed by the patient's sensation of heat.

In the confluent small pox, after the eruption is completely formed he is diffident of its benefit. But he is the more anxious to apply it in the eruptive fever, since he says that the assimilation of the quantity of contagious matter

produced from the first contagion, is invariably found to bear an exact proportion to the eruptive fever. He declares that in the eruptive fever, he has instantly abated the symptoms however severe, and that the disease has assumed a benignant form. He tells us, that the Chinese are stated to have long followed this practice with success.

Cold water applied internally in fevers

He says that in the cold stage, it is never to be employed, however urgent the thirst; which ought only to be gratified in this stage of the fit, or paroxysm, with warm liquids. When the hot stage is fairly formed, and the surface of the body dry and burning; cold water, he says, may be drank with the utmost freedom; and if it succeeds in lowering the pulse and heat, as is usual, perspiration and sleep commonly follow.

Its effect however is never so powerful, according to his experience, as to dissolve even the existing fit of the fever, and much less the fever itself. But he holds draughts of cold water as an useful auxiliary in these cases, and says that they may be used more freely in proportion as the heat is more advanced above the natural standard. He allows cold water to be drank, though more sparingly, even in the beginning of the sweating stage; since it may promote the flow of perspiration; which after it has commenced, seems to be checked, if a fresh increase of animal heat occur. But after the perspiration has become general and profuse, the use of cold drink is strictly forbidden; the rule being, in all other respects, the same as laid down for cold water used externally.

In case of injury from drinking cold wafer, the author recommends hot water to be applied in a bladder to the pit of the stomach; and small and frequent doses of tincture of opium to be administered, which Dr. Rush recommends in cases of injury from cold water drank in warm weather.

Though Dr. Currie is persuaded that injury has some times followed from cold water drunk in hot weather, and from cold bathing used after strong exercise; yet he denies

that any inconvenience is necessarily to follow. He affirms, that inconvenience arises only for the want of making proper distinctions. In situations where the body, after having been much heated and enfeebled by severe exertions, is losing its surplus heat by perspiration, and in general by a cessation of the exertions which caused the heat; he allows that cold water, whether applied inwardly or outwardly, may often be injurious and sometimes even fatal.

But while the surplus heat is kept up by a continuance of the exertion, he says that cold water may be drank safely in moderate quantities. The same he asserts respecting the cold bath; and therefore he has for some years constantly directed infirm persons to use such a degree of exercise before plunging into the cold bath, as would produce some increased action of the vascular system, with some increase of heat and thus secure reaction under the shock.

It will appear, however that the patient here ought not to perspire; or if perspiring ought not to stand still, either dressed or undressed, sufficiently long to become chilled from the effect of the act of perspiration, or from the evaporation following it. Under the above persuasions our author contends against Dr Rush; that where the party is warm, no attempt should be used to reduce the heat, previous to drinking cold water.

It follows however from Dr. Currie's own premises, that no objection occurs either against removing the chill from the water, by means of the sun, of common fire, or of animal heat; or against continuing to exercise for a short time after the draught: and as either of these expedients is simple, it would be well to employ one or both of them; as the sole object in view is quenching the thirst, and not curing a disease upon speculative principles we may here also observe the benefit of wearing cotton or even woollen next to the skin, where perspiration is probable from hot weather or violent exercise, especially where both are combined; since wet linen aided by evaporation, conducts away the heat of the body so rapidly, in certain situations, as often to occasion severe chills.

Few however are the cases, in which it will not be safe

and highly advisable to throw off the wet linen rub or wipe from the skin the matter perspired with something dry, and put on a fresh and dry covering next to the body as those who have had experience in the case, will cheerfully testily.

As to using the cold bath when the body is warm, there are so many facts on both sides of the question that it requires an expedient to reconcile them; and this Dr. Currie certainly seems to offer. By his means, we perceive whence the Roman youth could plunge in the course of their daily exercises into the river Tiber, and yet Alexander suffer from throwing himself into the river Cydnus, after being fatigued and chilled with perspiration; as well as whence the Russians and others jump from, a vapour or hot bath into the snow, or into a cold bath -while merely to sit in a cold stream of air, after violent exercise, is sufficient to bring others, nay the very same people, to the grave. A number of other seemingly contradictory, and yet authentic relations, receive here also a similar solution.

New Cases of Disease

Before and since the year 1790, the author has witnessed 13 cases of tetanus (that is, stiffness accompanied at intervals with convulsion, as instanced in the disease known by the name of the locked jaw.) This disease is distinguished into the proper or primary, called idiopathic; and the concomitant or secondary, called symptomatic, being an occasional attendant upon wounds, especially in hot countries.

The author from his later experience, is disinclined to use the cold bath in any of its forms in the symptomatic tetanus; unless in the earlier stages of the disease, when the vigour is less impaired, and the disease less rooted. One reason is, that change of posture is required for the purpose, in a case where the mere action of the will on the muscles is often alone sufficient to bring on a general convulsion.

He rather prefers wine given in large quantities, a remedy first introduced by Dr. Rush; but wishes it combined with very large doses of opium. Wine, it seems, has in this

disorder been given with success also to horses; but it is queried, whether other strong or spirituous liquors would not answer as well. It is observed that the constitution under this disease, powerfully resists the intoxicating quality of the wine and opium.

In tetanus also, Dr. Currie has applied pressure, with evident good effect; moistening at the same time the bandages with ether, but taking care lest inconvenience should arise from too great an evaporation, the natural consequence of ether being exposed to a current of air.

In the idiopathic or simple tetanus, the author has applied water of an exceedingly cold temperature (exhibited in a bath where the effect was sudden, and the limbs could be stretched out) with a very marked success, though all other applications had failed. Let us observe here, that since to rub in sweet oil has been found a powerful remedy with many, in cases of cramp of the external muscles. In any event, those subject to this painful affection of the cramp, especially pregnant women and swimmers, may do well to remember this use of oil.

Oily substances may also be tried by the mouth or clyster, in cases of cramp or spasm in the stomach or intestines. The author has applied a very cold bath to more than one case of insanity, with brilliant success; but it was when the fit was at the highest. The ordinary delirium of fever is acted upon by cold water in different shapes, in common with all the other symptoms of fever.

In children's convulsions, it is also serviceable; stopping the fit, and giving time for other remedies.

When the author mentions that convulsions may sometimes arise from worms or other causes; perhaps he ought to have added, that teething is one of these causes, and that John Hunter has given instant relief by cutting the gum over a young tooth with a lancet.

On the whole, Dr. Currie recommends caution in the applications of water in early infancy; sometimes tempering his water, and sometimes only pouring it on, in preference to bathing in it; but making the operation sudden and transient, and providing means ready for securing the re-

action, and even omitting it altogether when little vigour is left. But with these precautions he has seen great benefit resulting from the application of cold water. In cases of St. Vitus's dance he has found no encouragement, for a reason hereafter to be mentioned; but he recommends electricity in this complaint, as one of the few in which this operation seems advantageous.

In the Case of Epilepsy

"The efficacy of the cold bath in convulsive disorders, is much promoted by its being employed during the moment of convulsion; or its chief benefit depends on its being used in the paroxysm of convulsion; its efficacy consisting in resolving or abating this paroxysm, by which means the return is greatly retarded, if not entirely prevented."

Lastly, he observes, that in cases of madness and convulsion, there must be no considerable wound or other lesion of structure; that the disease should not be too habitual, and especially so as to produce insensibility to impression; that the fit should have a general influence on the frame; and that the digestion should not be too much impaired nor the vigour of the circulation much debilitated, lest the action of the cold be too strong for the living powers.

"Cold water, that its effects, taken internally, are most salutary in a numerous class of chrome diseases, is however well known; though perhaps not acknowledged to the full extent of the truth. A considerable part of the virtue of mineral waters is doubtless to be attributed either to the diluting quality of the pure element itself; or to the invigorating effect of cold on the stomach, and through it, on the system at large. Hoffman praises it in headache, whether arising from indigestion or some primary affection of the nerves of the head. The following case will show the use of cold drink in certain convulsive affections."

Here the author cites from Hoffman the case of a boy, cured of violent convulsions in a fortnight, by drinking cold water frequently every day. Dr. Carrie applies the term tepid, to water heated from 87 to 97 F, where it is used for affusion; though water will seem to be warm to the body at some degrees lower if used as a bath, for in this case the evaporation is excluded. The cold from evaporation is so considerable, that water in the warmest climates will chill the person moistened with it, if standing in a current of air in the shade.

The author finds the coolness remaining from the warm affusion (strange as it may be thought) as great, as that from the cold affusion; and perhaps greater; but the cold is less sudden and stimulating. Let's observe the tepid affusion to certain other cases where there is fever; provided the chief view is to diminish the heat, and provided there is no contagion present, nor any foul matter in the bowels, as likewise no local inflammation; for we must never forget that affusion is only recommended where the heat is general. Under these impressions, the author employs the warm affusion frequently with children; and he has used it also where the lungs were affected; and especially in his own case, during the hectic fit, in hereditary consumption. But independent of the possibility of the respiration being affected, he remarks that in hectic cases, the body soon parts with its heat, which is then seldom great, even in the extremities.

He recommends, however, in any event to moisten the inside of the hands and feet; since from the sensation of heal in the extremities, great irritation follows to the system.

Dr. Currie insists, that when the patient feels chilly, neither affusions nor wet sponges, of any kind, are to be applied: but he repeats, that the cold affusion (which he calls an energetic remedy) is not only the most effectual, but safest application, in many of the cases where it can be used; since the system often accommodates itself to a sudden cold which is general and stimulating, but shrinks from a cold which is slow and successive.

Water tempered from 75 to 87 degrees, (cool) is recommended for febrile diseases; but more frequently for palsy and other cases of debility. If the system is to be strengthened, or if diseased associations (or habits) are to be broken through, the application is to be quick and brief; but if it is merely to allay heat, and there is no danger of indirectly affecting the respiration, it may be used more slowly. In cases of strains, dislocations, or fractures, cold water employed externally has had the happiest effects: operating in the first case like a charm; and in the others, allaying inflammation and preventing swelling, till the arrival of the surgeon, who then finds less impediment in examining the bones.

With bruises and burns, similar advantages perhaps may be expected. But in all cases, it must be remembered, that the application must be immediate and long continued, and used merely to the part affected; and the water changed whenever the cold goes off. In the "History of the yellow fever", as it appeared in the city of New York in 1795, by Dr Alexander Hosack, jun. of that city, we are told that "the most certain and successful means [of cure] were, to wash the whole surface of the body with cold vinegar and water; and, immediately after, covering the patient with blankets, to administer such medicines as possess the effect of bringing on sweating. Of these, the spiritus mindereri and saline draughts of Riverius succeeded well; more especially if the warm drinks were continued; such as the infusion of snakeroot, gruel, toast water, tamarind water, lemonade, &c.

These were much aided by applying to the feet of the patient a warm brick, steeped in vinegar and covered in a flannel cloth wet with vinegar or spirits: the steam, thus emitted and diffused through the bed, had a wonderful effect in softening the skin and exciting sweat; especially where the cold washing had been previously employed.

"Some practitioners have preferred the practice of plunging the patient several times in a cold bath, and violently dashing the body with cold water. But simply washing the patient with cloths dipped in cold vinegar and water, was found much preferable to immersion; both

because it more effectually diminished the heat of the system and was less fatiguing to the patient.

Experiments have proved, that repeatedly wiping and washing with water, in the ordinary way in which the operation is performed diminished the heat 7 or 8 more than simple immersion, or dashing it over the body with pails. The practice of cold bathing in fevers of this type, is not a new one, but was very commonly employed at Breslaw in Silesia; and of late years has been very successfully Applied in the West Indies, by Dr. Jackson, as well as in different parts of Europe, where diseases of this type prevail. Professor Gregory, of Edinburgh, and Dr. Currie, an eminent physician at Liverpool, have also prescribed it with great advantage in the low typhus fevers of those cities. But its great success in the New York hospital, as employed by Dr. Samuel Bard, and in the private practice of my brother, have fully convinced me of its use.

It is also proper to remark, that where the physician was not called to the patient in the first stage of the disease, and putrid symptoms had appeared, and the patient had become much debilitated, the cold bath was injurious: and from the abuse of cold bathing, by employing it in the last stage of the disease, it has fallen into disrepute with some practitioners. But as the abuse of a thing is no argument against its use, I repeat my observation, that in the first or inflammatory stage of the disease, it was one of the most useful remedies that was employed.

> "*When the cold bath had been thus made use of, and immediately after followed by the spiritus mindereri or saline mixture, with plentiful dilution, it rarely failed to produce sweating in the course of 15 minutes; and when once induced, it was easily continued by the repetition of the sudorific medicines and drinks, until a solution of the fever was obtained. In some instances, where the patient refused his drink and medicines, or from the carelessness of the nurses they had not been supplied as frequently as was proper, and the perspiration had been*

suppressed, it became necessary to repeat the cold bathing; which seldom failed to procure a return of the sweating. By the continuance of this discharge, an abatement of all the symptoms took place. It appeared to operate as a specific in the disease; the pulse in a short time become moderate; the heat of the skin diminished; the pain in the head and back, before so distressing, was also relieved; the sickness of stomach and vomiting were removed; and in the course of 2 or 3 days from the attack, the patient had little else to contend with but mere debility."

Thus far Dr. A. Hosack, jun. who, as we perceive, cites the authority of his brother Dr. D. Hosack, and of Dr. G. Bard, both of New York, in addition to his own. We must observe, that neither of these gentlemen, at the time of the publication of Dr. A. Hosack' s pamphlet, had seen the larger work of Dr. Currie; of which the first edition appeared at the close of 1797, and the second in 1798. This work therefore merits an examination by itself even by the physicians of New York. One of them, whose name has not yet been mentioned, but whose own productions are read even in the centre of Germany, mentions in a private letter, that Dr. Currie's work did not reach New York till the present year (1799.)

He himself says of it, that "it appears to be a judicious and interesting practical work." But not to dwell upon an opinion given incidentally only, however weighty may be the judgement of the party; we proceed to other evidence. An American physician, whose name is known in every part of the civilized world, states that:

"He can from the experience of years, subscribe to all Dr. Currie's remarks upon the use of cold water in the disease which has lately afflicted Philadelphia. (in hypochondriacal, hysterical and dyspeptic - dyspepsia, in general includes the obvious diseases arising from indigestion - affections, cold water taken internally has produced the most salutary effects). Its efficacy is now

admitted by nearly all our physicians. It is so far from interfering with, that it aids the operations of bleeding, and mercury. Where cold water has been too feeble to compose the inordinate actions of the blood vessels, I have used ice with great advantage. When the head is much afflicted, I confine the ice in a bladder and apply it to the forehead. In a few minutes I have seen it abate pain, remove a delirium, and sometimes induce the most salutary sleep. Its effects are equally obvious when applied to the seats of violent disease in other parts of the body; provided none of those circumstances forbid its application which are mentioned by Dr. Currie."

In various eastern countries, we find cold water used as an instrument in medicine; the custom probably being derived to them from ancient times. Dr. Currie not only cites the example of the Chinese, but of others; and he especially refers to the treatment of the sickness of Sir John Chardin in Persia; and Dampier says, that he himself was cured of a flux, by bathing daily in a river in some of the eastern parts of Asia. But it is not from the rude practice of the orientals, nor even from Hippocrates or Galen, who each employed cold water medicinally, that we are to expect nice distinctions in these cases.

Dr. Wright made his experiment in 1777, and he made it upon himself. In 1788, a part of the practice in question was established in the Liverpool infirmary; whence it spread into the town of Liverpool and its surrounding country.

In 1791, Dr. Currie's colleague published an account of these methods in Dr. Duncan's medical commentaries for that year. Dr. Currie himself published another partial account in 1792. Dr. Gregory (the younger) of Edinburgh, has spoken on the subject in his public lectures; and even in 1737 it was used in a vague manner in Silesia. Various practitioners also have resorted to cold water in the West-Indies, and some likewise in the United States.

Cold and Warm Bathing

"At first, my patients were startled with the proposal of this novel remedy; but after a little experience of its effects, they submitted to it cheerfully, and were even anxious to use it."

As cold bathing is a remedy, which is successfully employed for the cure of various disorders, so is it a preservative against others, and particularly against febrile infection. The duration of every cold bath applied to the whole body ought to be short; for its efficacy depends upon the sudden impression of the cold upon the skin and nerves. Much mischief is frequently done by staying in too long. Moderate exercise out of doors if convenient is advisable, and indeed necessary after bathing.

Hence the benefit derived from it after great fatigue; in old age; in atonic gout, accompanied with stiffness and pallid swellings of the joints; in paralysis; in chlorosis; in diseases arising from a certain torpor of the lymphatic and glandular system; such as scrofula, leprous and other chronic eruptions, etc. In consequence of its soothing and agreeable impression upon the surface of the body f it produces very beneficial effects in certain disordered states of the alimentary canal, originating in diminished action; and it affords the best and speediest relief in a great variety of painful disorders, whether connected with local inflammation or not; such as chronic rheumatism, certain forms of lues venerea, nephritis, calculus vesicae, colic, enteritis, etc.

Dr. Charleton, of Bath in England, asserts that, of 996 paralytics, most of whom had resisted the powers of medicine, 813 were benefited by the proper application of the warm bath. Patients labouring under chronic rheumatism and palsy, bear the high degree of temperature best.

"Dr. Marchard, resident physician of Pyrmont, has, in our opinion", says Dr. Willich, (Dom. Ency.) "satisfactorily demonstrated, that the warm bath, in many cases of debility, from spasms, pain, anxiety, and other causes, as well as to hectic and emaciated persons, is, generally, of eminent

service, and almost the only means of restoring their health, and prolonging their lives." - in The American New Dispensatory, 1810.

Influenza, Pneumonia and Hydrotherapy

Low Mortality By Use of Rational Hydrotherapy
and Practical Methods of Administration

"There have been published so many articles on influenza-pneumonia, including the careful study of the disease, its pathology, symptomatology, and so forth, that it would seem supererogatory to attempt to add to this information; yet, as the high mortality rate presumably indicates, there is something lacking in the prevailing therapy.

At present, the medical fraternity is quite prone to await phenomenal results from untried vaccines, serums, and the like. and to neglect the thorough use of the tried and efficient although more laborious methods. It is only the demonstrated powerful effects of hydrotherapy, which are recognized as the most effective of all measures known for combating diseases.

Success of Hydrotherapy

In my opinion, the time of intervention, when the maximum benefit may be derived from the minimum treatment, is in the pre-pneumonic stage, with its mucopurulent bronchitis, which has but to advance to the peribronchial lung-tissue, and, by rapid direct extension, eventuate in bronchopneumonia, with its associated congestion and edema. If the patient comes under treatment during this stage or even a little later, but, before too large a portion of the lung has become involved, the results are, as a rule, so excellent that one is apt to consider that he was unduly alarmed by the earlier findings.

It is only by comparing several hundred cases, treated in this manner, with a similar number treated by other methods that one can fully realize the actual benefits

derived therefrom. When the early rales disappear and the temperature drops, you can not say that you have cured an attack of pneumonia; still, it is safe to say that you have met it on the way and, by controlling the situation, have prevented its development. It is unwise to delay treatment in this condition, for, after a massive pneumonia is well developed, the patient will be in need of many times as much treatment, to get results, as would one with a beginning condition; and skilled nursing is altogether too scarce to be squandered.

My method has been, to note, in my daily rounds, those cases showing suspicious or advancing rales, and one of my nurses that followed me would treat these patients; ordinarily, they could be dropped in 2 or 3 days after one or two treatments daily, varying with severity or degree of involvement. Those patients that were in a more advanced state were removed to the hospital where treatments could be given, even 3 or 4 times daily when urgency demanded.

General Management

The patient is kept in bed in a well ventilated room, and permitted just as little physical exertion as is absolutely necessary, until he has had no rise of temperature for 2 or 3 days. The intestinal evacuation is established, and maintained throughout the illness, by means of cathartics, enemas, and so on. The diet is confined to milk and fruit juices. Upon the appearance of extensive lung involvement, the patient is raised to a semi sitting position and kept thus until this condition is overcome.

Analgesics of the salicylate variety are used when aching is severe, but, only just enough to afford partial relief, and then only when there is very little pulmonary involvement. No opiates are permitted, under any condition; and this is possible by having recourse to hydrotherapy, even in severe pleurisy.

From actual observation, I have noted the failure of hydrotherapy in cases that would be considered good risks, and this simply because the patients were receiving opiates

liberally. I am afraid to use expectorants in these cases and prefer that the nonproductive cough be controlled by combining hydrotherapy with warm medicated vapor-inhalations. For this purpose I use compound tincture of benzoin or tincture of tolu.

The cardiovascular system is assisted when necessary and the general condition is treated symptomatically. I have used iodized calcium freely almost as a routine measure where there has been considerable bronchial involvement. This seems to modify the cough and to aid absorption in a very satisfactory manner. In my opinion the high mortality in this epidemic was, to an unusual extent, a consequence of too much and poorly advised drug-therapy, most especially the too free use of opiates, coaltar derivatives and expectorants.

Hydropathy

Hydropathy is in my opinion the sheet anchor not only in preventing the development of pneumonia but also in determining that these pneumonias will not prove fatal. By a skilful application, pulmonary venous congestion which is about to take place may be overcome by producing an active hyperemia.

The more rapid and free circulation thus established through the diseased area produces a local increase in leukocytes and absorption of exudate. There is an underlying principle in Hydropathy which governs the external area to be treated for a definite internal effect, certain skin areas being reflexly associated with certain internal viscera. The circulatory effect produced in these skin areas is analogous to the effect at the same time produced in the associated viscera.

The chief associated skin areas for lung treatment extend over the entire chest surface, thus, we make our application to this entire region. The mode and manner of application is an all important factor in the accomplishment of a definite physiological action. The same temperature applied for the same, length of time to the same individual may produce a very different result when applied in a skilful, dexterous

manner, from what it would if applied in a makeshift, bunglesome fashion.

The procedure of choice when treating either an early or advanced condition is, alternate applications of heat and cold. To obtain this effect to best advantage, I use fomentations and ice, or, where ice is not procurable, in its place real cold water can be substituted and applied a little longer, although this is less efficacious. The nurse should be provided with 8 fomentation cloths which may be made by cutting a double blanket into 8 equal parts once lengthwise and 4 times across The blanket material should be three-quarters wool and fairly heavy. She should also have 2 large bath towels, a large bucket of water and a smooth piece of ice as large as can be well grasped in the hand.

Technic

With the gown removed, the patient is lying on the back with chest exposed. One folded towel is placed under the patient's shoulders to absorb any excess of moisture. Now, one of the fomentation cloths is spread out upon the table near the stove where the bucket of water is kept boiling, a second fomentation cloth is folded once and the ends are graspd one in each hand.

The central portion is immersed in the boiling water to such a depth that when removed the wet portion will extend within a few inches of the ends, the dry portions at the ends permitting wringing without burning the hands. This method of wringing fomentation cloths produces a dryer cloth and in shorter time than when using the time honored stupe wring er. After thoroughly wringing until there is no dripping, this cloth is spread in two thicknesses across the center of the dry cloth on the table and the sides of the drycloth are folded over to envelop the wet one; the wet and dry combination is then quickly turned over, folded once endwise and tightly rolled together, a second is prepared in the same manner and the two are unrolled and applied simultaneously to the back and front of the entire chest.

The patient lies back upon the posterior application and

the anterior fomentation is covered with a dry bath towel. In a few seconds, the patient will complain of the fomentation burning, due to an accumulation of steam between the skin and the first cloth. This may be relieved by quickly passing the hand between the cloth and the skin thus allowing the steam to escape. This may have to be repeated several times to give the desired relief. Another set of 2 fomentations is prepared in the same manner and taken to the bed side, 3 or 4 minutes have elapsed since the first applications were made and they are no longer real hot. The patient, if able, assumes a sitting posture and, removing the posterior application, this area is quickly gone over with ice the moisture dried off and a second fomentation is applied. The patient resuming the former position, the anterior application is removed, the part gone over with ice and the second fomentation is applied. A third and often a fourth is made in like manner, finishing with ice. After drying the skin, the chest is protected by a well fitting flannel jacket which should be worn between treatments.

Whether a third application is sufficient or a fourth is necessary in a given case, may be determined by the degree of skin reaction or redness displayed at the site of treatment. This reaction is necessary if one is to expect a corresponding internal reaction, therefore, if three changes are not sufficient, a fourth should be made.

As to Reaction

The pain of acute pleurisy as well as the pathologic process may be greatly con trolled by the fomentation omitting the ice in that region during the more acute stage, but, after this stage is passed, the alternate hot and cold will aid greatly in the absorption of the exudate.

The various known hydrotherapeutic procedures for controlling high temperature are indicated in influenza as elsewhere. It might be mentioned that, not infrequently, immediately following the halfhour treatment with alternate hot and cold, the temperature drops a degree and almost without fail the patient feels better.

If the first opportunity for hydrotherapy comes after the pulmonary venous congestion is well advanced or is making unusually rapid progress, the local treatment may be greatly assisted if preceded by a hot hip and leg pack, one of the most efficient derivative measures used in hydrotherapy. The pack should include feet, legs, thighs and pelvis reaching slightly above the crests of the ilia.

Technic

Spread a double blanket on the bed, adjust a cold compress to the patient's head. A hot foot bath is also a good preliminary measure if convenient. Fold a single blanket or, still better, a double blanket, endwise. This folded blanket is grasped by two assistants and wrung out of boiling water until quite dry then quickly unfolded and spread over the blanket on the bed. The patient, without delay, the gown having been removed, is assisted to lie on the hot blanket in such a position as to make it possible to quickly envelope the above mentioned parts. The blankets are snugly wrapped about the parts so that the wet one comes in contact with all skin surfaces and the dry one covers in to retain the heat. Six one-quart fruit jars containing hot water are distributed to the parts under treatment one thickness of dry blanket coming between the jars and the wet blanket. In half an hour the patient should be removed from the pack one leg at a time and the parts as removed gone over with a cold-mitten friction to retain the blood in the limbs; thus maintaining derivation secured by the hot pack. These measures, while comparatively simple, require a little effort; however, this is far exceeded by the end results.

Contraindications

There are no contraindications as patients with a weakness which must be guarded against, whether cardiac, renal, or what not, are those most in need of the efficient life saving qualities of hydrotherapy and their treatment should receive a little extra attention, if possible, and be pushed a

little harder than in the average case so as to save the weakened organism. The necessary improvised apparatus for giving the medicated-vapor inhalations mentioned above consists of a teakettle, a heavy-weighted cup which is placed inside the teakettle, a long paper funnel the small end of which is of proper dimensions to fit over the spout.

The teakettle with about an inch of water is brought to the boiling point on the stove and then kept steaming at the bed side, in the absence of a better arrangement, by an improvised stove made by supporting a hot flat-iron bottom side up between two bricks. After the teakettle is in position and the paper funnel attached, a teaspoonful of compound tincture of benzoin or tincture of tolu is placed in the dry cup and the medicated vapor may be inhaled at the large end of the funnel. This may be continued for half an hour or longer and repeated several times a day if necessary. It is seldom that a patient objects to these inhalations and they seem to soothe the irritated respiratory tract. I have been fortunate during this epidemic in having at my disposal a corps of competent nurses skilled in hydrotherapy. It is possible, however, for any apt assistant possessing the attributes of dexterity and dependability to become proficient in this portion of hydrotherapy, with a little instructions and practice. Even a nurse who has had training in hydrotherapy often must be instructed to put a little snap into her treatments. Hot must be hot and cold must be cold and changes must be quickly made and at the right time to get results." - Dr Edward Thomas Secor, MD in "The American Journal of Clinical Medicine", 1919.

The Treatment of Sciatica by Hydropathy

"During the past 3 or 4 years I have seen many cases of sciatica, and from my own experience and that of others the disease seems to be on the increase, and a question has arisen in my mind as to whether the disease is of rheumatic origin or due to a general inflammation of the sheath of the nerve. In either case, however, the treatment of the condition is practically the same. Many of my patients come to me

with a history of previous treatment by every known method, including medication of every sort. Under those circumstances I **use as few drugs as possible, and with excellent results.** The treatment of sciatic patients by means of steam massage has given me, perhaps, the best and quick est results. This method of treatment, consists in placing the patient upon a frame made of cane fitted over a bath tub, through which the steam could pass. This arrangement allows the patient to lie in a perfectly relaxed condition during the steam bath, which is not the case when the patient sits in a so-called steam cabinet. In the latter instance the patient, to retain the sitting position, must necessarily hold rigid the muscles, which are perfectly relaxed in the horizontal position. A cold towel is placed upon the head of the patient, and the body wrapped in blankets. The duration of the steam bath varies, according to conditions, but is not shorter than 5 minutes. The improvement following this treatment is as rapid as it is successful.

History Case

A patient, 34 years of age, female, presented herself, suffering with a very severe attack of sciatica; intense pain over the spinal cord and lumbar region. The pain in the lumbar region was more marked at night. She was unable to walk or stand in an erect position. She had been lying in a horizontal position for four weeks. I began treatment by giving her natural sulphur water douches over the sciatic nerve; temperature, 37° C. to about 46°C.; pressure, about 10 pounds, and duration 4 to 5 minutes. Under this treatment she improved for 4 or 5 days. The pain left the spinal cord and she was able to stand for a few minutes. Then followed an afternoon and night of intense pain. The following day, instead of giving the douche I had her take what we call steam massage. The effect of this treatment was a marked improvement, and was continued for some days, alternating with continuous hot douche. The improvement continued until she was able to walk from her cottage to the hotel for her meals. During this time not only was her general

condition much improved, but also her appetite, strength and general appearance. She returned home and was able to sleep for the first time since her attack without narcotics. I saw her since her return home and she is suffering practically no pain, taking exercise daily, and general health continues to improve. In every case I use as little medication as possible. I feel that the general nutrition is a very important factor in keeping the intestinal canal in proper condition. I treat my patients either with the continuous hot douche, or with the alternating hot and cold douche, and with steam massage. These I have found to be the three great factors in the treatment of sciatica." - Dr Alfred W. Gardner, MD, Professor of Hydropathy at the New York School of Clinical Medicine, in "The Medical Brief", July 1905.

Chapter 26

Simples and Tisanes

"To protect herbalists from persecution by the Company of Physicians and Chirurgeons. Company of Surgeons in London, minding their own gain, and doing nothing for the profit or ease of the diseased, have sued, troubled and vexed honest persons (herbalist) ... Said persons have not taken anything for their pains and skill... Surgeons have small cunning, yet take great sums of money and do little for it." - Act of Parliament, 1512 AD. Appendix 2, chapter 2. p.2.

"No English practitioner who has followed his profession on the Continent can fail to have been struck by the

extensive use made of popular medicinal herbs as adjuvants to medical treatment properly so called. In England the preparation of infusions, decoctions, extracts, and liniments of herbs is now handed over to the manufacturing chemist, but there is a wide difference between the diuretic action of acetate or citrate of potash with infusion of Buchu in the ordinary 6 oz. mixture and that of the same salt administered by the French method in a cupful of hot, freshly-prepared infusion, or the expectorant qualities of oxymel of Squills and Ipecacuanha given in a hot infusion of Linseed and Liquorice.

From the time of Hippocrates the value of the ingestion of hot water in the treatment of febrile affections has been recognized and the prescription of herbal infusions and decoctions is, in the main, only a device for the purpose of inducing the patient to swallow the hot liquid, just as antisepsis is in great measure a device for securing cleanliness. Not one French patient in a dozen could be persuaded to drink a quart of hot water in the twenty-four hours, but if it be provided in the form of a herbal infusion, duly flavoured and sweetened, no difficulty is experienced. In the whole realm of medicinal nature there is no more active salutary diuretic and diaphoretic than hot water, and the physiological action of the latter is free from any drawback, whereas that of powerful drugs such as nitre, pilocarpine, sparteine, and the like, is often attended by injurious collateral effects.

The absorption of the hot liquid and its free evacuation by the Emunctories is a form of lavage of the tissues, stimulating metabolism and ridding the organism of microbial toxins and organic waste products. The French pharmacopoeia contains up wards of 200 tisanes, and no scheme of treatment is thought complete unless it provides for the ingestion of an adequate quantity of tisane. Instead of ordering "mist, alb.," the French doctor administers some Epsom salts or sodium sulphate in a hot infusion of senna, camomile, vervain, peppermint, or limeflower, with, on the whole, much more satisfactory results.

In many parts of England a decoction of poppy heads and

camomile is commonly employed as a fomentation for injured limbs, and its first aid use is cordially recommended by the doctors, since if it does nothing more it secures cleanliness of skin. Let, us then, administer the bromides in a fresh infusion of valerian; nitre or ammonium acetate in a hot infusion of marsh mallow, couch grass, or pellitory; expectorants in a decoction of tussilage, pine buds, or serpentary; and a diuretic of potassium acetate in an infusion of elder flowers, saponaria, or borage.

A cupful of hot vervain or camomile after dinner is an excellent carminative and facilitates digestion, and there are still people who like these draughts. Our professional forefathers were adepts in this matter, and in mediaeval art the physician was usually represented scanning a sample of urine or culling herbs:

> *Excellent herbs had our fathers of old, Excellent herbs to ease their pain - Alexanders and marigold, Eyebright, orris and elecampane, Basil, rocket, valerian, rue (Almost singing themselves they run), Vervain, dittany, "call-me-to-you" Cowslip, melilot, rose-of-the-sun; Anything green that grew out of the mould Was an excellent herb to our fathers of old." - in "The British Medical Journal", Vol.1, No. 2878, 26 Feb. 1916.*

Letter of Sir Anthony Carlisle Surgeon Extraordinary to His Late Britannic Majesty, Etc.

"Under the guidance of advancing science, Medical Botany promises to afford many additional remedies, both in physic and surgery. Whether we regard the endless diversity in the sensible properties of vegetable substances, or, the recent discoveries in chemistry, for extracting their elements, we are equally encouraged to expect the revealing of new or specific medicinial virtues, under a continuance of these researches.

When we reflect on the indefinite variety in the smell and

flavour of leaves, flowers, acids, barks, gums, &c. we must infer, that, each of these different impressions arises from peculiar and distinct affections of our living materials, and yet, the modus operandi of these substances upon our bodies has been little investigated.

The several relations between the animal and vegetable kingdoms, are established by the ordinations of the Creator, and their reciprocal services to each other are every where manifest. Even the pasturage of cattle is in some degree medicated, for every meadow or field contains plants of the most opposite kinds; some to supply nutriment; some to act as condiments; and perhaps, some to act as vermifuges.

Hay comprises an inseparable mixture of all; and the want of these additions to the proper materials for food, may be often scarce, when animals indulge in a single species of plant, such as clover, green corn, or turnips. Vegetable drugs are of unlimited potency, extending to all the vital functions of animals, and also to the mind itself; and, I am convinced by inductions from medication, that they deserve to be esteemed as generally preferable to mineral substances, whether employed outwardly or inwardly. The known deleterious effects of arsenic, of lead, and of mercury, do not deter heedless practitioners, men, who think themselves warranted to follow the orthodox routine under a continuance of failures, and of evil effects. Remarkable examples of professional obedience to ill-established authors, are to be frequently met with in the streets, in persons rendered hideous by the exhibition of nitrate of silver, for the purpose of curing epilepsy; on others its efficacy is not general, and when beneficial, the cure is seldom durable, but the patient disfigured for life. Future scientific inquiries will probably exhibit the vegetable creation as the elaboration of some of the most remarkable substances which encrust this globe. The metals and earths may be justly suspected to be of vegetable origin; and if the nascent elements of these beginners of all organic compounds, embrace such potent materials in a state to be transferred with facility, we may reasonably expect, from botany and vegetable chemistry, all the connections and

alterations which our bodily errors require.

Hypothetical and conjectural speculations have been the fore-runners of important discoveries; and when we find reasoning's from analogies, and anticipations from probable results to constitute much of the algebraic prescience of Aristotle, of Lord Bacon, and of Robert Hook, we cannot with propriety despise them. Contemplating the revived knowledge of the ancient reputed virtues of the Hermodactyl, or Cholchiarium, a specific for certain stages of the gout; the modern concentration of Peruvian Bark in the sulphate of quinine, and its extraordinary efficacy in intermittent fevers; or the topical effects of the extract of Belladona in paralysing the muscular fibres of the human iris, we become equally pleased and assured of the admirable adaptation of vegetable drugs.

Indeed, I am sanguine enough to believe, that the vegetable kingdom comprises remedies for all our bodily disorders, short of those necessarily incurable alterations of structure in vital parts, which forbid all rational hope; and that vegetable drugs possess the remarkable, and perhaps the exclusive power of acting directly upon the brain and nerves: and hence it is probable, that specific remedies for tetanus, or even Hydrophobia, may be concealed in plants, although their ultimate discovery may be accidental." - in "The Reformed Medical Journal", June 1832.

> *"Minerals exert a pernicious and baneful influence on the system; they seldom or never cure, but often destroy the patient. Their operation is altogether uncertain, depending entirely on the state of the stomach whether they act at all, or prove injurious." - Hamilton*

> *"Mercury, the lancet, and the knife are now almost the only means made use of to cure disease, notwithstanding their deleterious effects are evidently fatal to multitudes." The popular belief, that every country produces simple suitable to cure all the prevailing local diseases, is not void of truth; vegetable*

substances afford the mildest, most efficient, and most congenial remedies to the human frame. The numerous cures that are daily performed by the use of vegetable medicines, are sufficient evidence of their super-excellent virtues". — Prof. Rafinesque.

"The Flora of North America is astonishingly rich in remedies. There is no doubt in my mind that, in more diseases than is generally acknowledged, vegetable simple are the preferable remedies.

Who knows but in time these native productions of the field and forest will so enlarge and confirm their dominion, as to supersede the employment of other medicines". — Prof. Waterhouse

Constipation

"For some 6 years past I have been making an exhaustive study of the use of roots and herbs in the cure of constipation. A lady who was by habits of her life inclined to loose bowels, took a sea voyage. She was very seasick, and after her return home was affected with a form of constipation which defied every remedy, Everything griped her, and nothing had any due effect. The vaunted calomel, ipecac and soda-bicarb nearly cost her her life to all appearance, as without acting they brought on an attack of pain in which she fainted repeatedly, and it seemed nearly impossible to revive her.

She was treated by several physicians of different schools, with no relief. Some help was gained by wearing a cold abdominal compress at night, but this did not always suit her in other respects. In this state she went into a remote country town in New England. The sole doctor there has been in practice about 55 years.

The old doctor relieved this lady's constipation with some roots and herbs which do not resemble anything in vogue

nowadays. They were reddish in colour as near as I remember, looking not unlike gentian and cinchona ground up. The taste was bitter, but the dose or the decoction was only a tablespoonful. It acted without any griping, and seemed to expel wind better than anything I am acquainted with. I gave it a personal trial, and it did not seem to stimulate the appetite, which, for something to be constantly used, is not to be desired. I offered to pay any price which might be named for the formula, but met with a decided rebuff, and in short, the old doctor will keep what he knows, and the world will have to get on as it can. In my disappointment I appeal to the Medical Summary brethren to try and help me out. I may add that I shared the supply of this lady, and tested it on several of my hard cases with great success. I can obtain no more." - Dr. E. Berdan, MD, Paterson, New Jersey in "The Medical Summary", Vol.13, 1892.

Minerals

"Minerals exert a promiscuous and baleful influence on the system; they seldom or never cure, but often destroy the patient. Their operation is altogether uncertain, depending entirely on the state of the stomach, whether they act at all or prove injurious. Among the numerous poisons which have been used for the cure or alleviation of diseases, there are few which possess more active and of course more dangerous powers, than mercury." — Hamilton

"Physicians have been tinkering the constitution for about two thousand years, to cure diseases, and the result of all their discoveries is, that Brimstone and Mercury are the only two specifics. Diseases remain what they ever were." — Lacon

"An obstinate adherence to an unsuccessful method of treating disease, is self-conceit — it generally proceeds from ignorance —

it is a species of pride to which the lives of thousands have been sacrificed." — Gregory

Medicinal Plants in Aids

"My aunt Minah, who is 103 years old, told me that we should use the great medicine (Sutherlandia Frutescens) against Aids," said Dr Mutwa.

"I said to her: 'But aunt, the white people tell us there is no cure for this disease'.

"And my aunt said: 'For every disease there is a treatment.

Try this medicine' (Sutherlandia Frutescens).

And I tried it."

Anne Hutchings, an ethno-botanist and lecturer at the University of Zululand has been using Sutherlandia, has 176 patients who all testify that Sutherlandia has helped them to live a fuller, healthier and more productive life." - in "Medicinal plant 'fights' Aids", BBC, World: Africa, 30 November 2001.

"Echinacea is an excellent remedy in all conditions when sepsis needs to be corrected, as in boils, carbuncles, septicemia, and a tendency to the formation of abscesses. Remember echinacea in your next case of erysipelas, as it has benefitted cases where nothing else would do any good; in fact, cured them." - in "The Medical Summary", Vol.34, 1913.

Vegetable Materials Are More Congenial to the Human System than Minerals

"The stomach, as we have seen, displays, for the digestion of aliments, an action proportionate to the difficulty of their

assimilation; but for this purpose, there must exist a certain affinity between them and it; otherwise, that is, in the cases in which they are indigestible, it is solely tormented in efforts for their expulsion. In the first case it is on its internal membrane that the greater part of the excitation occurs; in the second, this membrane does not act for the process of assimilation, but rather causes muscular movements of expulsion, either through the pylorus or cardia.

We understand, after this reflection, how the abuse of indigestible injesta tends to deteriorate the assimilating action of the mucous membrane, and to give the muscular a convulsive habit. It is on this account, I asserted, that, mineral medicines in the end, destroy the digestive function, and consequently nutrition. Many vegetable substances, we have said, have nearly the same effect, when they are of such a nature as constantly to resist assimilation. The kind of phlegmasia thence resulting becomes in time incurable, and this is the situation in which are those who have used in excess, bitters not nutritative, and Peruvian bark. Still, however, the alteration thence resulting, seems to be less alarming than that produced by minerals. The too prolonged use of calomel, corrosive sublimate, and purgative salts, is then still more pernicious, and we see, in fact, that those who have been addicted to such thing, become pale, exanimate, and scorbutic, and end their days in a state of marasmus or dropsy.

It is not the digestive surface alone that suffers from their pernicious effects, but the whole animal economy. The depurating power, always occupied in the expulsion of mineral molecules, is exhausted; the nervous system loses its energy; there is no longer any reaction against the perturbating influence of the air, or of moral affections, and new congestions are formed at each moment in the viscera and the tissues of the locomotive apparatus; engorgements arise in the lymphatic system, in the principal secretors, such as the liver, etc. and a vicious nutrition of heterogeneous tissues is created, the resolution of which is afterwards impossible. Hence those dropsies, and the scorbutic states, of which I have spoken." - François-Joseph-Victor Broussais

in “Physiology”, chapter Abnormal Assimilation, 1828.

Broussais stated that: some diseases are just a result of irritation. Irritation then caused inflammation, which primarily occurred at the gastrointestinal tract in most diseases. Then, this irritation would pass to other organs "sympathetically".

“The Treatment of Inflammation is a subject of high interest and importance; and there are no affections in respect of the treatment of which fashion has exercised so great an influence. But surely it is not unnatural to suppose, when so many plans of treatment, essentially different in their principles, have all appeared to accomplish the same end, namely, the cure of a very large proportion of the patients who have been subjected to them severally, that the essential course of the disease, its progress towards recovery, is independent of the specific measures employed, or, at least, so far independent that the remedies effected nothing beyond a little delay or a little hastening of that progress - differences which would scarcely leave their mark in statistical tables, and would be still less obvious in comparisons made between our simple recollections of what have been the results of different plans of treatment which we have witnessed or carried out.

And, indeed, so much has this sceptical view of the treatment of pneumonia found its way, during the last few years, into the minds of medical men, that a considerable number of them have adopted the expectant or (so far as medicines are concerned) the do-nothing treatment. Dr. Hughes Bennett especially has made himself the champion of what he calls the “Restorative treatment of this disease”; a treatment which consists in the abstention from drugs, and the administration of food and stimulants; and if his statistics mean anything, they mean that his success has been something quite remarkable.

I have myself, during the last 10 years, given up all special medicinal treatment of pneumonia, all treatment, that is to say, aimed at cutting short or curing the disease, and have contented myself with giving such occasional doses of

medicine as some urgent or distressing symptom has required for its relief, and sustaining the patient with so much easily digested food as the stomach could be got to retain, and such an amount of alcoholic stimulant as seemed to me to be admissible or desirable; and certainly, to the best of my belief, my latter patients have got as rapidly well as my former patients did, and have recovered in as large proportion.

I may add that, during the last year or two, I have, in many cases, experimentally, refrained altogether from alcohol, excepting during the period of convalescence, and, so far as I can judge, without any diminution of success. A special interest has attached to the treatment of acute rheumatism, ever since the well-known paper of Sir W. Gull and Dr. Sutton was read, three or four years ago, before the Royal Medical and Chirurgical Society, in which they endeavoured to show, by comparing the results of a series of cases treated, by themselves, with pepermint-water, with series of cases treated in other ways, that a mere expectant treatment was quite as successful in its results as other plans of treatment of greater pretensions." - Dr John S. Bristowe, MD, FRCP, in "The British Medical Journal", Vol. I, No. 591, 1872.

An Efficient Cough Mixture

"There are few who do not suffer more or less from severe forms of bronchial affections, accompanied by annoying cough. The most marked indications for treatment are to restore the dry mucous membrane to a condition of normal secretion, and to overcome the interference of respiration by stimulating the respiratory centres, and to allay the inflammation and irritation by sedatives and demulcents.

The combination which meets the requirements very nicely is that entitled "Anodyne Pine Expectorant," consisting of white pine bark, wild cherry bark, sassafras bark, blood root, balm of Gilead bud, chloroform, spikenard, and morphine acetate. The value of the aromatic and

resinous ingredients of balm of Gilead (balsam poplar) buds and sassafras has long been recognized.

In the former we find benzoic acid and its derivatives; this acid has long ago found a permanent and useful place in medicine, as is witnessed by its employment in paregoric and various other remedies, either in a pure form or by reason of its being a component of some of the ingredients used.

The irritant and expectorant properties of blood root are very happily conjoined with those of the astringents which have the power of contracting the mucus exudations, and thus loosening them from the membranes to which they are attached. The sedative properties of chloroform, morphine and wild cherry here find useful application, enabling the preparation to be used in a large variety of affections. In pulmonary difficulties it has been found useful as a palliative, besides being an excellent vehicle or corrective for cod liver oil." - in "The Medical Summary", Vol.13, 1881.

Halothane Hepatitis

"Hypersensitivity reactions to anaesthetic drugs in general kill more patients than Halothane Hepatitis." - in "British Journal of Anaesthesia", Vol. 52, No. 11, November 1980.

Halothane is a general inhalation anesthetic used for induction and maintenance of general anesthesia.

"Halothane was introduced into clinical use in 1956 and was hailed immediately as a great advance in anaesthesia. Reports of postoperative liver necrosis after the use of halothane began to appear in 1958 and further anecdotal reports followed. By 1963, 5 years after the widespread international use of halothane, at least 350 cases of "halothane hepatitis" had been recorded.

Clinical Features: Halothane hepatitis is characterized by several consistent clinical features: Gastrointestinal Upset,

Delayed Pyrexia, Jaundice, Eosinophilia, Serum Auto-antibodies, rash and arthralgia. Many patients complain initially of malaise, anorexia and non-specific gastrointestinal symptoms such as nausea and upper abdominal discomfort. The onset of fever is characteristically the first sign of illness." - D. C. Ray, G. B. Drummond in "British Journal of Anaesthesia", 1991.

Local Use of Oil of Wintergreen

"Equal parts of oil of wintergreen and olive oil, applied locally to the affected parts, is highly recommended by Dr. Staple, of England, in both subacute and chronic rheumatism. In 98% of the cases treated the doctor reports the disappearance of the pains within 6 hours." - in "The Medical Brief: A Monthly Journal of Scientific Medicine and Surgery", Vol. 19, 1891.

Castor Oil

"There can be no doubt that the frequent use of this drug in domestic medicine lessens the business of the doctor to a considerable extent. It is not only a safe purgative, but it also possesses sufficient narcotic properties to secure rest." - Dr John A. Larrabee, MD, Professor of Materia Medica Therapeutics and Diseases of Children, In the Hospital College of Medicine, Louisville, Ky., in "New England Medical Monthly", Vol.9, 1890.

Remedies from Nature
Which cannot be equalled by Medical Pharma

We give two examples of Remedies from Nature, which contain Therapeutic properties, that cannot be, neither equalled (and even less supplanted), in their action upon the human organism, by any Medical Pharma Synthetic Drug.

Morphine

One is Morphine obtained from the plant "Papaver Somniferum"(Opium poppy), the Medical Pharma Industry, claim that the process of production of synthetic morphine is "tedious and uneconomical processes." In reality only Morphine obtained from a plant source (and there are several plants that morphine can be obtained from), can the same have a beneficial sought effect in the way and manner that same from the natural organic source acts upon the human organism.

Digitalis

Digitalis is obtained from the plant "Digitalis Purpurea" (Common foxglove). This plant has a remarkable action upon the muscles of the heart.

> *"Substitutes for Digitalis: For routine use no drug can replace digitalis." - Dr. Leonard G. Rowntree, MD, in "A Handbook of Practical Treatment", Vol.4, 1917.*

For our Surprise: We Found That the Fruit had a Bactericidal Action Equal or Better than Last Generation of Antibiotics

"Pitanga (Eugenia uniflora) is a fruit that I know that has a great power in relation to the bactericidal property that it fights various types of infections. Clinical trials where done at the University Estadual Paulista, Campus of Rio Claro, together with the Hospitals and several Medical Clinics with various specialities.

The use of Pitanga on 14 patients with highly virulent infections, and the body was unable to fight, and the patient ended up in the hospital network, and together with the use

of the last generation of antibiotics, and to see the action of these antibiotics in relation to these infectious diseases.

For our surprise, we found that in 66% of these cases the Pitanga fruit had a bactericidal action equal to, or better than, the last generation of antibiotics.

We have a gift from God, a gift from nature, if we all had a plant of Pitanga at home you can have an inexhaustible source of bactericidal product, and you can take Pitanga pulp and freeze the pulp, and if you have an urinary tract infection, or a throat infection, or an intestinal infection, you would use this pulp of Pitanga to fight the infectious process." - Dr. Sergio Sartori, MD in "Jornal Cidade", 14 Nov 2016.

Chapter 27

Cannabis Sativa

"Nothing could be a greater bar to improvement in the practice of medicine, than the supine belief that nothing can be added to our knowledge of the qualities of those remedies which have been long in use. We know, however, that the greater number of those who are stimulated by the laudable ambition of distinguishing themselves as the benefactors of mankind, direct their efforts to the discovery of new remedies, instead of instituting experiments with those whose medicinal powers are already known. But I believe it will be conceded by the liberal and well-informed of the profession, that much may yet be discovered with regard to the powers even of those medicines which have been in use from time immemorial, and which are familiar to every practitioner." - Dr

Charles Turner Cooke, Surgeon, in "Affections of the Liver, Internal Organs, and Nervous System", 1828.

Cannabis Indica in Diseases of the Stomach

"At the meeting of the Academic de Medecine, held 29 July 1890, Professor Germain See: reported an elaborate work as to the value and uses of cannabis indica in the treatment of neuroses and gastric dyspepsia.

After a careful study of the pharmacology of this remedy, in which the characters of the various preparations, such as cannabin, cannabinon, tannate of cannabin, and tannate of cannabinon were described, he gave an elaborate history of the various theories which have obtained as to the causation of dyspepsia and gastric intestinal neuroses, and concluded by formulating a number of propositions as to the causes in which the use of cannabis was indicated (La Medecine Moderne, 24 and 31 July 1890).

Professor See was struck with the sedative action which this substance possesses on the pneumogastric nerve, and he has established the indicat ions for the fatty extract in diseases of the stomach.

It is especially in the non-organic affections of the stomach that cannabis is indicated, and these diseases comprise two groups.

The first includes the alterations of the gastric juice, among which hyperacidity, due to the excess of hydrochloric acid, is most frequent; while the second group comprises exclusively cases of gastro-intestinal neuroses, without showing any modification of the gastric juice.

Finally, cannabis seems to relieve the reflex nervous troubles associated with dyspepsia; but has no effect on the nervous dispositions resulting from this cause, such as hypochondriasis, hysteria, or neurasthenia. In conclusion, See maintains that cannabis is a true sedative to the stomach, and without any of the inconveniences of the narcotics." - in "The Therapeutic Gazette", V.14, 1890.

Coca Leaves

The History of the Medicinal Plant

"More than three hundred years ago the intelligent priests and noblemen who visited Peru brought home specimens of the coca plant, accompanied by accounts of its remark able power in enabling the Indians to undergo, without suffering, the long and terribly exhausting journeys across the high and steep Andean passes.

The material which they brought home was tested, and found to be destitute of the properties attributed to it. Its use was thereupon condemned as a pernicious vice, and through the influence of the home authority everything was done by the priesthood in Peru to discourage its use among the people. This action was the more willingly taken by them because of the relations of coca-chewing to the heathen rites of the people. But those who continued impartially to watch its effects became convinced that its use was judicious, and the subject was again investigated, but with the same result as before.

The 3 centuries that have since elapsed have covered a series of never varying repetitions of this experience.

Its native use has been investigated by Humboldt, Poeppig, Von Tschudi, Markham, Smith, Orton, D'Orbigny, Squires, and other distinguished scholars who have explored the Andes, and not one among them has failed to become convinced of the genuineness of the claims concerning it. Some, like Squires, have taken pains to investigate its practical effects by specially-devised tests, and the results have always been affirmative. Not a few enterprising houses in this country and Europe have sought for some preparation which would embody the desired property.

When at length cocaine was discovered, hope was once more renewed, and it was generally supposed, in fact,

declared, that we had located the mysterious property.

In the Wiener Medicinische Presse 9 August 1885, the writer discusses the strangeness of this long inability to discover the alleged properties of so important a drug, and seeks for an explanation in impure methods of manufacture. But it is not necessary to say that such is not the case.

The real cause is quite different. With certain reservations, it may be said that the properties of cocaine, remarkable as they are, lie in an altogether different direction from those of coca as it has been reported to us from South America. By long and patient investigation I have established to my own satisfaction the fact that recent coca-leaves possess all the properties that have been so long attributed to them by the natives who make daily use of them.

I shall give an account of the uses and properties of the plant where grown, as observed by myself, and reported by those who have studied it there, and of its chemical behaviour under my own experiments.

A complete account of the history and uses of coca, and the estimation in which it is held, is of fascinating interest, involving an account of the domestic habits and customs, as well as the religious and political history of this people. There probably does not exist a domestic remedy which is so largely used, and with such good results, as are coca-leaves. It is because of its valuable properties that the plant has come to be regarded as sacred.

Its properties are stimulant, supporting, carminative, sialagogue, expectorant, aphrodisiac, and emmenagogue, and locally and generally anaesthetic. The term stimulant is here used in a very general sense, and covers a number of effects peculiar to this drug, not least of which is its effect on the mind.

Of all its uses the most important is that of a stimulant. The great difference between native coca and other drugs of its class is that its effects do not greatly diminish with continued use. What it does for the Indian at fifteen it does for him at 60, and a greatly-increasing dose is not resorted to.

There is no reaction, nor have I seen any of the evil effects

depicted by some writers and generally recorded in our books. In this position I am not alone. Garcilasso, Von Tschudi, and Markham all speak with incredulity of the evil effects of coca-chewing, while Mr. Archibald Smith declares that such instances must be very rare, as, after living for years among people who habitually use coca, he had never seen a single victim (Brit. Encyc). I myself mixed for nearly a year among a million people who use coca daily without ever seeing a single case of chronic cocaism.

In cases of excessive exertion and exposure the Indian uses coca without any limit except his own appetite, but in all such cases I have seen that, the period of strain successfully passed, he enters smoothly and quietly upon his period of rest, eating enormously, but digesting with perfect satisfaction. In carrying a patient through a serious illness and during convalescence the same recourse is had to coca, but generally in the form of decoction or other fluid extract. Living in the region of coca-chewing one accumulates great stores of evidence on the subject. Some of the illustrations are quite striking.

During the great rebellion about La Paz in 1781, when the besieged inhabitants were reduced to starvation, the survivors were almost wholly the consumers of coca. It is observed that when through poverty or other cause a foreigner is obliged to work beside the Indian labourer, he usually finds himself unable to do so with comfort until he resorts to the use of coca. Afterwards he usually abandons its use.

A portion of the results here considered are doubtless due to its anaesthetic effect on the stomach. The exhausting effect of hunger, and consequently of labour accompanied by hunger, is not wholly due to a lack of nutrition.

The first evil is the nervous waste produced by the endurance of hunger's pangs. In my own case I have had abundant opportunities for verifying this principle.

These pangs are absolutely allayed by the use of coca-leaves. It allays hunger and thirst completely, and thus supports the traveller by removing the chief source of his fatigue. This is a most important action; but I believe that in

no other way can the drug be considered as a "preventer of waste," as we so frequently hear it called. The expenditure of force is possible only by the consumption of energy, and energy implies waste. But through bad nervous conditions energy may be consumed without the production of any useful force.

This loss coca tends to check through the agency of its cocaine. Thus, by alleviating pain, it leaves the system free to secure the utmost benefit from vital action. But this is by no means all. It produces other effects of a far more positive character. The effect of chewing the native coca-leaves is to diminish the frequency of both pulse and respiration, at the same time increasing their strength, and particularly the depth of the respirations, to a remarkable degree.

By thus deepening, strengthening, and regulating the respiration, it secures the greatest amount of oxygen with the least expenditure of force, and so provides the Indian with a special defence against a second of his powerfully adverse conditions of life. Professor William H. Thompson, in his admirable lectures before students, is wont to dwell on the great importance of oxygen as the muscle food, and may almost be considered an apostle of rational methods of oxygenation.

Eradicate from the diseases of our patients the element of atony of the muscles of the heart, lungs, and intestines, and the feelings of languor, which prevents their properly exercising the voluntary muscles, and a great burden of care would be at once removed from us. This is merely a question of oxygen and its perfect utilization, in securing which the Indian finds in coca leaves an agent with out a parallel. I now pass on to some of the less celebrated, yet important, of the domestic uses of this drug.

First, in digestive trouble. It is a great digestive tonic, notwithstanding that it temporarily decreases the appetite. Hence its universal use after, rather than immediately before, eating. No greater error could be made than the exhibition of any preparation of coca before eating, because of the loss of appetite which succeeds, and which persists sometimes for a long period. Its depressing effect, however,

seems to apply to the appetite alone, for, the food once ingested, coca acts as an aid to digestion.

There are 2 conditions in which the internal effect of coca-leaves is quite as magical as the local effect of cocaine. First, in case of the discomfort or pain resulting from over eating, or from habitual dyspepsia; second, in true colic, particularly that of infants. In the case of adults, its use in such cases is usually in some form of fluid extract.

In the towns this is usually an alcoholic extract, obtained from the shops. In the case of infants, it is prepared by stirring a few leaves in warm milk. Chronic digestive troubles of long standing are frequently cured by the habitual use after eating of an amount of extract or elixir corresponding to about one drachm of the dried leaves. Its immediate effect on the bowels is slightly constipating, though this property is not sufficient to make it useful as an astringent, except in the case of infantile diarrhoea, where the leaves are used in hot milk.

Another common form of administration is by the mother or nurse transferring from her own mouth to that of the infant the juice from the masticated leaves. Its remote effect, on the other hand, is laxative. This has appeared to me to be especially true when the constipation was due to atony of the lower bowel. In the same way it frequently overcomes flatulence.

In many cases of asthma it has been used successfully in the form of a weak, hot decoction, although it presents the same history of uncertainty as other drugs so used.

A cold is often broken up by chewing the leaves in unusual quantity. It seems to act in such cases partly as a general stimulant and partly by stimulating expectoration. As an expectorant its action is ordinarily masked, as the products are swallowed.

Its action, however, is continuous from the first. The primary tendency of the cocaine to produce anaemia of the mucous membrane is overcome by the mechanical effect of mastication.

Afterwards a reaction takes place, the stimulation extending to the mucous membrane itself. It has a general

repute as an aphrodisiac and emmenagogue. To obtain the former effect it is said to be most successful when taken repeatedly for some hours before the effect is desired, another instance of the cumulative nature of this drug. It is useful in overcoming the "bilious" condition associated with malaria. This effect is almost certainly wholly due to its tonic properties.

There is no doubt that coca-chewing tends to preserve the teeth. It would seem, therefore, that in addition to the mechanical cleansing effect of coca-chewing, a preservative influence is exercised on the teeth by the physiological properties of the drug.

A very common use of coca among the better classes is in overcoming drunkenness or its effects, as in the case of kola-nuts. Strangely enough, this effect is said to be even more pronounced on the day succeeding a debauch, when a strong alcoholic extract is used, than where the leaves themselves are chewed. Precisely the same effect is to be seen from its use in cases of nervous exhaustion from any other cause, such as excessive overwork or loss of sleep. Its effects in this class of cases are similar to those of no other drug. It does not act as as a narcotic, for the tendency to drowsiness is not especially marked, being, as I believe, wholly dependent upon the conditions which have preceded the use of the drug.

The mental confusion and nervous excitement and sensitiveness are removed, and the individual remains bright and tranquil. If it be possible to effect this application of the drug in other countries, it may be considered as its principal function.

It is a noteworthy fact that, while cocaine is said to be synergistic of arsenic and antimony (Bartholow), the chewing of native coca is the chief reliance of miners against poisoning by those two drugs. Its internal and local use for haemorrhoids is said to meet frequently with success.

The external uses of coca, while very numerous, may be passed over, as they all apply to its properties as a local anaesthetic and to the ordinary effects of a poultice. In the case of painful wounds, it is oftenest applied in the form of a

chewed bolus.

As a poultice, it is a favourite application for rheumatism and painful swellings. Native coca leave is stimulating to intestinal activity, and its permanent effect is laxative. To me, therefore, there seemed no escape from the conclusion that native coca-leaves contain a body intimately associated with the cocaine and reacting to the same test, which almost wholly disappears from them in transit to the United States or Europe.

Such are the general peculiarities of native coca-leaves, by which term I mean leaves as they exist immediately after having been collected and properly dried, and before any important changes in their composition have been allowed to take place.

We see it expressly stated that natural component of cocaine in native coca leave is synergistic of arsenic, the native leaves are used as an antidote to that form of poisoning. Both forms of the drug agree perfectly in their power to abolish painful sensations, particularly those due to hunger and thirst. What ever may be the mechanism by which this effect is produced, it is unquestionably due to the action of the cocaine in native coca leave." - Dr H.H. Rusby, MD in "The Therapeutic Gazette", 1888.

Extractum Cannabis U.S. Secondary

"**Extract of Hemp:** An alcoholic extract of the dried tops of Cannabis sativa, variety Indica. U. S. The resin is probably the active principle, and has received the name of cannabin.

Medical Properties: Extract of hemp is a powerful narcotic, causing exhilaration, intoxication, delirious hallucinations, and, in its subsequent action, drowsiness and stupor, with little effect upon the circulation.

It is asserted also to act as a decided aphrodisiac, to increase the appetite, and occasionally to induce the cataleptic state.

In morbid states of the system, it has been found to cause sleep, to allay spasm, to compose nervous disquietude, and

to relieve pain. In these respects it resembles opium; but it differs from that narcotic in not diminishing the appetite, checking the secretions, or constipating the bowels.

It is much less certain in its effects, but may sometimes be preferably employed, when opium is contraindicated by its nauseating or constipating effects, or its disposition to produce headache, and to check the bronchial secretion.

The complaints in which it has been specially recommended are: Neuralgia, Gout, Rheumatism, Tetanus, Hydrophobia, Epidemic Cholera, Convulsions, Chorea, Hysteria, Mental Depression, Delirium Tremens, Insanity, and Uterine Haemorrhage." - George B. Wood, Franklin Bache, in "The Dispensatory of the United States of America", 10th Ed., 1854.

Chapter 28

Four Cases of Rheumatic Fever Treated with Mint-Water Only

"Treatment. Is it not peculiar that we have more specific and other remedies for the diseases which we cannot help, than for others! There is a legion of Anti-Rheumatic medicines, and each has creditable bondsmen; how is that? Very simple. We know that these diseases appear in attacks with intervals of painfulness. Of course, the remedy which the patient took just when the remission came on was the principal agent which caused it." - Dr. Hans Froelich, MD in "Medical Mirror",

January 1984.

"The following cases, illustrating the natural history of rheumatism, are reported by Dr. Sutton, with whom I arranged that he should visit and watch them, day by day, in order that the occurrence of adverse symptoms might be immediately detected, and the case put under such treatment as might be considered necessary.

It so happened, however, that no treatment was required, and the cases have therefore quite answered the intended purpose of showing what happens when the rheumatic disease runs a natural course.

In point of duration, these cases may be considered to bear comparison with the general run of those which have been submitted to approved plans of treatment. It has been my practice for many years past, to exhibit lemon-juice in acute rheumatism, and from long experience I am of opinion that two of the patients might have been earlier relieved had I exhibited that remedy - upon which I continue to rely, as assisting to diminish general excitement and to lower the pulse.

The great point here illustrated is, that when treating acute rheumatism we are dealing with a disease which seems to go on to cure quite unassisted, and that this happens even when it appears in the acutest form.

As these cases were absolutely treated with nothing but mint-water, they will serve as a fair standard when testing the value of proposed remedies. The first case, however, took an aperient, and one of the others had some brandy after recovery. For my own part, the results have firmly impressed me with the belief that the old plan of treatment, consisting in the exhibition of calomel, opium, and antimony, and the free use of colchicum, did great harm, not only by retarding recovery, but by leaving the patient greatly debilitated.

The duration of cases of acute rheumatism when I first became a student at Guy's Hospital was most certainly far longer than at present; when, whatever may be the treatment adopted, it partakes less of the heroic character

than that which was practised by our predecessors. In conclusion, I would mention, that the case in which relapse occurred is especially interesting, for the reason that the relapsed condition was treated on an improved modern principle, and recovered in just about the same time that nature, unassisted, had occupied in effecting the cure of the first attack.

Emma L —, age 29, admitted 7th June, 1865, into Esther Ward, under the care of Dr. J. O. Rees. Says that 7 days ago she got very wet, and, in consequence, caught cold, and next day had pain and stiffness in her limbs.

8th June.—She complains of great pain in her joints, more especially in the left knee, which is swollen and very painful when moved; also says that she has occasional pains in nearly all her joints, and that she feels "very stiff."

Both wrists are swollen and red. She is sweating very profusely, and the perspiration has the rheumatic odour strongly marked. Ordered Julep. Menthae ter die, Pil Coloc. co. gr. x statim. Milk diet.

30th.—Free from pain. No perspiration; tongue clean. Has passed a very good night. Appetite very good. Heart much the same. From this date she gradually recovered day by day; and in a week from this time went out into the grounds daily. As she was not in good circumstances at home, she asked to be allowed to remain in the hospital until she was quite well again, which Dr. Rees allowed her to do.

Mary Ann S—, age 23, servant, admitted 14th August, 1866, under the care of Dr. Rees, into Esther Ward. Eight days ago she was suddenly seized with pain in her knee, and felt "very chilly," and cold. She went to bed, and "got in very great heat." The day after this she was in great pain in her right hip, and in both her knees. She perspired very much.

15th August. —She now complains of pain in both her wrists and knees. The wrists are swollen and tender to touch. She is perspiring very freely, and the perspiration has the rheumatic odour strongly marked; tongue thickly coated

with yellow fur; appetite very bad; pulse is not particularly quick.

Aqua Menthae 3j ter die. Milk diet.

23rd,—In no pain anywhere. Says she feels much better; her bowels have been relieved.

24th.—Free from pain, and remarked "I have been daring the last week gradually losing the pain"

26th.—Stiffness of the joints gone.

6th.—Allowed to get up. She was very anxious to go out, and went into the hospital grounds without leave.

19th.—Much stronger.

20th.—Going on well

Ellen S—, age 23, married has had 2 children. Admitted into Esther Ward 30th August 1865, under the care of Dr. Rees.

30th August. — She says she is in great pain in both her wrists, which are seen to be swollen and red, also pain in both her knees. She is sweating very freely, and the skin smells sour; her tongue is thickly coated. Ordered Aquae Menthae 3j ter die. Milk diet. She remarked:

"My skin does not smell as it used to do when I was very bad"

9th.—Going on well.

13th.—Much better. In no pain. Out of bed.

Continued to do well, and went out of the hospital on the 27th of September.

James R—, age 18, occupation a turner, admitted 14th June, into Philip Ward, under the care of Dr. Rees. He moreover states that on June 11th he was very much fatigued in consequence of walking a great deal, and "when I got home in the evening I was so stiff I could scarcely move. Next morning, when I got up, I could just walk a little, but had a good deal of pain in my ankles, knees, and big toes". He went to bed, and he could not close his eyes all the night, on account of the great pain. On the third morning he could not get oat of bed, and on same day he was taken to

the hospital.

Aquae Menthae ter die. Milk diet.

19th. —Feels a little easier, but still in great pain. Rept. mist. Menthea.

21st.— Free from pain. He continued every day to improve. The treatment was the same; no medicine of any kind except the mint-water and middle diet.

30th.— He states that he feels very much better, and that he is free from pain.

July 4th.— He goes out into the grounds daily.

19th.— Discharged cured." - Dr G. Owen Rees, MD, in "Guy's Hospital Reports", Vol. XI, Third Series, 1865.

Cases of Rheumatic Fever Treated for the Most Part by Mint Water

"In studying the treatment of acute disease it is impossible not to observe how confidently remedies, various and even opposite in their modes of action, have been recommended; the experience of physicians of justly acknowledged great reputation, quoted; and results shown which in many cases appeared by no means unsatisfactory. It is probably while endeavouring to explain the effects, so little to be expected from such different kinds of treatment, an opinion has been gradually formed that the natural course of the disease had more to do with the result than the remedy. With little doubt, however, we shall all agree in acknowledging that any plan of treatment having for its object to show when, and how far it is necessary to have recourse to the aid of medicine in the treatment of rheumatic fever, is entitled to our utmost consideration.

Therefore, cases treated, as the following cases have been,

by such simple means that we might almost consider them to have been unassisted by any remedy, are invested with no little interest. And although the collective results will probably warrant us concluding that we ought not to be too hasty in considering the apparent sudden and favourable change in the symptoms due to any medicine administered.

We have more than once heard Dr. Gull remark, that these cases cannot be considered to have been treated solely on the expectant plan, for an occasional dose of Dover's powder, or half a grain of opium, night and morning, and two or three ounces of brandy a day, are remedies that might be fairly expected to exercise some, although, perhaps, little influence over the course of the disease. One of the chief objects Dr. Gull had in view in instituting these investigations was to endeavour to gain a more accurate knowledge of the course the disease tends to take—that is, its natural: history; and while, no doubt, we are enabled to compare cases in which little or no medicine has been given, with others in which it has been administered, and arrive at some conclusion, yet we cannot forget that rest in bed, a well-regulated diet, and good nursing, are powerful elements in the treatment of any acute disease, so powerful in fact that experience has shown not a few cases of continued fever and of pneumonia, and of other acute diseases, recover without further assistance.

We would beg to mention that no selection was made, but that Dr. Gull treated the cases which happened to be admitted into his wards on the same plan; and we would further beg to say that these reports were not kept for any special object, nor are they as complete as they might be; yet the facts stated, may be fully relied upon, and so far answer our purpose.

A Severe Case of Rheumatic Fever; Pericarditis; Endocarditis

George E—, age 24, a groom, admitted 5th June 1863, into Stephen Ward; temperate habits; enjoyed good health until lately. A shooting pain in the epigastrium. Says that he is a

little troubled with wind on the stomach. Tongue white, slightly dry, and brown towards the tip. Julep. Menthae et Ext. Taraxaci 3j, Ether. Chlor. mx:, in singulis dosibus ter die. Milk diet. Brandy 3j per diem.

6th. July —Went out of the hospital.

Severe Case of Rheumatic Fever; Myocarditis

John G—, age 30, admitted 6th June.

June 9th.—Much the same, in great pain, and the joints swollen. Skin hot, and perspiring profusely; bowels confined. Ol Ricini 3ss (castor oil); Opii gr. o. n.

11th.—Says the pain in the joints is no better; the ankles also affected. He appears low and depressed. Skin hot; cannot move in bed; heart's sounds without murmur, but the first sound is exceedingly feeble; respiration quick.

Pil. Hydrarg. gr. v, hac nocte; et pergat., P. Sodas Potassio Tart. efi'erves., P. L. ex aq. tepid, cras primo mane si opus sit. Julep Menthae (mint tea) et Taraxaci ter die (dandelion tea). Brandy one ounce three times a day in barley water.

16th.—Discharged cured. When he left the hospital, although there was no decided bruit, yet the first sound at the apex was unduly prolonged, and almost a murmur.

Case of Rheumatic Fever; Pericarditis; Albuminous Urine

John S—, age 22, admitted 29th October, 1864; always been rather delicate.

October 29th.—When admitted his skin was very moist, and his countenance anxious; pupils rather dilated; tongue furred; pulse 132; resp. 40. Over the heart a loud to-and-fro pericardial murmur heard.

30th.— Ordered Haust. Menthae et Taraxaci ter die. Went on improving up to the 25th, when he went out.

Rheumatic Fever, 2nd attack; Systolic Bruit on admission

William R—, age 24, admitted November 23rd, 1864, into Stephen Ward. A strong healthy-looking man. Seven years ago had rheumatic fever, and laid up 6 or 7 weeks with it. Ill 10 days before admission. His joints are generally painful but not swollen, and other well-marked general symptoms. Julep. Menthae et Taraxaci 3j ter die.

4th.—Convalescent. Potassio Ferri Tartrate gr. xv, Ex. Julep. Menthae ter die. Middle diet.

10th.—Gone out cured.

Rheumatic Fever; Pericarditis with Effusion

Henry I—, age 26, admitted 15th October 1864, into Stephen Ward. A thin, pale, weakly-looking man. Had been ill 14 days, not confined to his bed, but not able to work. Pain and swelling of the hand. Perspires a little at night.

October 15th.—Julep Menthae c. tarax. 6tis horis; Extr. Opii gr. ss. nocte maneque si opus sit. Milk diet. Brandy 3ij per diem.

8th.—Much improved the last three or four days. Pulse 76; tongue clean free from pain. After this he gradually got well, and left the hospital.

Rheumatic Fever with Aortic Regurgitation

Thomas F—, age 11, admitted March 2nd, 1864, into Clinical Ward, under the care of Dr. Gull. His present illness commenced 10 days ago, when he got wet feet, and the same day felt pain in the joints, headache, thirst, and general feverishness. The joints did not swell much, but were extremely painful.

On admission complains very much of pain, especially in the knees and ankles, which are hot and a little swollen. His tongue is red and rather dry, and in parts covered with white fur. Pulse 100, full and sharp; skin dry and hot; complains of great pain; urine scanty and high coloured; bowels constipated. Ordered Rx. Hydr. c. Creta gr. Ij, statim; Ol. Ricini 3j, post horas quatuor. Milk diet with brandy 3j per diem. Ext. Taraxaci 3j, Ext. Julep. Menthae 3ss, 6tis horis.

21st.—His skin is hot and dry; complains of headache ; his wrists are swollen; pulse 140. Continue Taraxacuin mixture; brandy 3iij in 24 hours.

31st.—Went home relieved.

Rheumatic Fever; Prolonged 1st sound; Irregular Rhythm of the Heart

George S—, age 19, admitted June 17th, 1863, into Stephen Ward. Has enjoyed good health, though a "strumous" looking subject. Four days ago, awoke in the morning, and found all his joints stiff and swollen, but not very painful.

19th.—Heart's sound free from murmur, but the first sound prolonged. The pulse jerking; knee-joints much swollen; also the left wrist; skin perspiring.

Pulv. Doveri gr. v. o. n.; Julep Menthea et Taraxaci ter die. Milk diet.

29th.—Much better; out of bed.

Charles A—, age 21, admitted May 3rd, 1863, into Stephen Ward. Ill 3 days before admission.

May 3rd.—Swelling of the left wrist; tongue furred; pulse 100; bowels constipated. Hyd. c. Greta gr. v, stat. Pulv. Seidlitz post her. quat.; Julep. Menthae et Ext. Taraxaci ter die. Milk diet. Brandy 3iij per diem.

June 4th.—Discharged.

James G; (age not given), admitted 11th November 1863, into Stephen Ward. Never had any illness; appetite generally good; had drank freely of spirits; severe pain in the joints, especially in the ankles.

November 13th. — Much the same. Julep Menthae c. Ext. Taraxaci 3j, 6tis horis. Brandy 3ij. Milk diet. Pulv. Doveri gr. x, hac. Noct.

13th.— He was free from pain.

Napoleon L—, age 23, admitted 28th November. Has been in the hospital seven times with symptoms of rheumatic fever. Six weeks before admission had pain and stiffness in

the joints; systolic bruit at the apex. On admission could not move the right leg, but 2 days afterwards it was nearly well.

Discharged on the 28th.

George G—, age 18, waiter, admitted 18th July 1864. Drinks hard of beer; general health good; present illness began 8 days ago; pain, swelling of the joints, and perspiration.

July 18th. — Ol. Ricini statim; Julep. Menthae c. Ext. Taraxaei ter die.

18th.—Went out well.

Well-marked Case of Rheumatic Fever; Endocarditis

Charles H—, age 33, admitted 31st July, 1863, into Stephen Ward. Intemperate habits. Always enjoyed good health, except having had now and then a cold, until 14 days ago, when he went to bed quite well, but in the morning was not able to put his right foot to the ground. The right ankle was painful and swollen; next day his let; foot was attacked.

July 31st.— His ankle and shoulder-joints are much swollen; tongue moist; pulse 100, very full; skin hot, and sweating freely; first sound of the heart replaced by a soft blowing murmur; second sound clear; heart's visible impulse is seen unusually distinctly. Hyd. c. Creta gr. v, stat., et Ol. Ricini cochl. med. post horas quatuor; Ext. Taraxaci 3j et Julep Menthae 3j ter die. Milk diet.

14th.—Improving. Diet, fish.

18th.—Ferri Pot. Tart., gr. v, at Julep. Menthae ter die. Middle diet.

28th.—Discharged.

A well-marked Case of Rheumatic Fever

John H—, age 20, admitted 3rd August, 1864. Ill 8 days before admission. When admitted, pain, swelling of the joints, and sour perspiration; tongue furred. The first attack.

August 5th.—Julep. Menthae, Ext. Taraxaci ter die.

22nd.—Discharged cured.

Rheumatic Fever, 4th attack; Pleurisy

John B—, age 16, admitted 17 August, 1864. It is the fourth attack. Began two days ago, with pains in the knees and shoulders; pulse 116, systolic bruit at the apex; tongue moist, covered with white fur.

17th.—Pleuritie rub, with tubular breathing over the left side; pericardium seems free; pain in the joints. Julep. Menthae c. Ext. Taraxaci ter die.

September 12th.—Rapidly improved; went out well. Rheumatic Fever, well-marked; Relapse.

John S—, age 21, admitted 27 October, 1864. Pain in the joints, swelling; heart normal. Haust. Menthae c. Taraxaci ter die; brandy and water, hot.

26th.—Left the hospital quite well.

Rheumatic Fever; Albuminous Urine

Maria L—, age 34, admitted December 5th, 1864, into Mary Ward; married; one child; always had good health; ill a week before admission with supposed rheumatic fever. Suffering very great pain in the joints, the latter also swollen.

8th.— In great pain, especially in the shoulder. Dr. Gull saw her, and ordered Julep. Menthae 3j, Ext. Taraxaci ter die.

24th. — Much better. No pain anywhere. To go out on 27th.

Rheumatic Fever; Double Pleurisi; Endocarditis

Jane C—, age 29, admitted November 18th, 1863, into Mary Ward; a pallid-looking woman, with dark eyes.

November 21. — Ext. Opii gr. j, o. n.; Julep. Menthae 3j; Ext. Taraxaci 3j ter die.

13th.—Gets up daily. Went out cured.

Rheumatic Fever, 3rd attack

Elizabeth B—, age 25, admitted August 2nd, 1864, into Mary Ward. Has had rheumatic fever twice before. Been ill 14 days before admission with sore throat and headache, believed to be a cold. On admission, joints of the legs only affected, but those of other parts had been aflected. Feels very weak; tongue clean; no appetite.

August 2nd.—Haustus Menthae c. Sodas bis die.

8th.—Free from pain ; out of bed.

11th.—Gone out well.

Rheumatic Fever, 2nd attack; Heart complication

Emma F—, age 15, admitted August 11th, 1864, into Mary Ward. Second attack of rheumatic fever; pain and swelling in the joints, especially at wrists; vertigo; pulse 112. August

12th.—Julep. Menthae et Taraxaci ter die; systolic bruit.

24th.—Getting better.

26th.—Improving; sleeps well.

Sept. 24th.—Went out well.

Rheumatic Fever; Pericarditis

Emily W—, age 25, admitted 9th November, into Mary Ward; married; a night nurse at Stephen Ward; pale looking, weakly woman; had been subject to fits, in which she used to bite her tongue.

14th.— Resp. 48; sweats much; Julep. Menthae et Taraxaci ter die; Ext. Opii gr. J in pil. o. n. s.; Brandy 3ij.

30th.— In no pain, but felt weak, but out of bed today.

Rheumatic Fever, symptoms well marked, second attack

Mary Ann D —, age 20, admitted May 6th, into Mary Ward. Present attack commenced 14 days ago with pains in her face and wrists, then in her ankles. On admission, pains in all her joints; sweats a great deal; perspiration intensely sour; skin hot; tongue furred, yellowish brown; pulse 116; resp. 50, no albumen; heart free from murmur.

Ext. Taraxaci, et Julep. Menthae: 6tis horis. Milk diet;

brandy 3j.

June 2nd.—Went out.

Rheumatic Fever, symptoms well marked

Mary Ann S—, age 21, admitted 6th November 1861 into Mary Ward. Three weeks ago caught cold, her limbs became painful and swollen.

On admission left knee and right hand swollen and tender; perspiring very freely; pulse 110 and feeble, resp. 26; slight systolic bruit; urine deposits lithates; no albumen. Ext. Turaxaci 3j, Ext. Julep. Menthae 6tis horis; Hyd. c. Creta gr. v, statim; Ol. Ricini post. h. s.

18th.—Pain and swelling have left the knees, but the shoulder is still painful; sour perspiration; appetite improving; bowels confined. Pulv. Rhei Salinus 3ij, Ext. Julep. Menthae statim. Rept. Haust. Taraxaci et Menthae.

Note: Pulvis rhei salinus, Guy's H. (Rhubarb, 3.j.; sulphate of potassa, 3ij.)

8th.—Says she is free from pain. Discharged cured.

A Severe Case of Rheumatic Fever; Endocarditis

Elizabeth H, age 12, admitted February 5th, 1864, into Clinical Ward, under the care of Dr. Gull. She had been much exposed to wet and cold.

February 5th. — On admission, in very great pain, so much so that she dreaded for anyone to touch the bedclothes, or even shake the bed; cheeks flushed; head very hot; perspiration very profuse, and has the peculiar; acid smell; wrists and knees seem exceedingly tender to pressure; the superficial veins of the legs are very much distended, and also on the dorsal region of the feet; veins also of the arms enlarged; shoulders and joints, and also the right elbow, swollen. Ordered— Rx Ext. Taraxaci 3ss, Ext. Julep. Menthae ter die, 6tis horis; Hydr. c. Creta gr. iij, statim. et Ol. Ricini (castor oil), post hor. Quat.

24th.—Left the hospital cured.

Well-marked Case of Rheumatic Fever, 3rd attack

Eliza B—, age 15, admitted into Clinical Ward, under Dr. Gull, March 12th.

On admission, complains of pains in her knees, hands, and ankles, the knees and thumb of the left hand being swollen. The weight of the bed-clothes causes the pain to be intense. Pain worse at night than during the day; skin hot and moist, but does not sweat very much; the perspiration is decidedly acid to test paper, and there is also the peculiar odour of rheumatism. No appetite; bowels regular; urine passed freely, contains no albumen, and sp. gr. 1025. Julep. Menthae et Taraxaci ter die.

21st.—Says that she is in no pain this morning. She continued from this time to do well.

We will next proceed to ascertain what the facts observed in these cases tend to show. And the question that we propose to take first into consideration is the duration of the disease. The experience in these cases was no exception to what is commonly seen; the number of days that the patient was ill varied very much, as the following observations will show:

George S—, ill 3 days before admission; admitted June 17th; knee-joints painful, much swollen, also left wrist.

Treatment began on the 19th. On the 24th free from and remained free from pain—that is, on 6 day of treatment.

Charles A—, also ill three days before admission. Pain and swelling in the left wrist, subsequently in the right knee, afterwards in both hands. Treatment began May 3rd. On the 19th free from pain—that is, on the 16th day.

Charles H—, ill 14 days before admission. Entered the hospital July 31st. Skin hot, sweating freely, shoulders much swelled; pulse 100.

August 3rd, feels much better.

7th.—Free from pain; skin cool—that is, on the 8 day.

John H—, ill eight days before admission.

August 3rd admitted. Pain and swelling of the joints; some perspiration.

5th.—The treatment began.

7th.—Feels better.

10th.—Almost entirely free from pain.

13th.—Completely free from pain; convalescent—that is, on the 10th day of admission, and the 9th day from commencement of treatment.

Ellen S—, admitted July 15th, convalescent (recovered).

July 20th— that is, on the 5th day.

Elizabeth B—, admitted August 2nd, ill 14 days before admission; joints of the legs swollen and painful.

8th.—Free from pain—that is, on the 7th day.

Sarah H—, ill 7 days before admission, admitted December 10th.

Pain and swelling in the knees and ankles.

15th.—In less pain.

16th.—Pain gone—that is, on the 7th day.

William L—, ill 10 days before admission.

November 25th taken in the hospital, and on the 29th, free from pain— that is, on the 5th day.

In the above description, it is to be understood, that when it is stated that the pain had abated, the skin was also cool, tongue clean or cleaning, and from that date the patient continued to do well. These cases we have chosen with the object of showing that the symptoms of rheumatic fever may, unaided by treatment, entirely abate in 5, 6, 7, or 8 days; that the pain in the joints may be severe, swelling marked, skin hot, yet perspiring; tongue furred, and no appetite.

All these symptoms may subside and entirely disappear within a week. We have further observed more than once, a

patient complaining of pain, accompanied with more or less swelling in one or two joints, with furred and dry tongue; the skin hot, also some perspiration, and on the next morning all these symptoms had disappeared.

The sudden and complete cessation of the acute symptoms was observed in these cases, apparently equally as well as is seen in patients who are taking large doses of medicine.

The gradual but satisfactory improvement in the symptoms was well seen in a case lately under the care of Dr. Rees in Esther Ward.

On the 7th August the skin was hot, yet perspiring very freely; the tongue furred; the knees and wrists were painful, but not much swollen.

On the 9th August the skin was cool, tongue clean, pain almost entirely gone, and the patient expressed herself as feeling much better; yet that patient had not had a dose of medicine except Aqua Menthae ter die. Milk diet.

1. Another case, also in Esther Ward, and under the care of Dr. Rees, showed well the steady improvement in the symptoms, as seen below.

August 14th, on admission the patient complained of great pain in the hips and knees, and the latter joints were swollen; skin hot, with the rheumatic odour, and perspiring very much. Ordered Aqua Menthae ter die. Milk diet.

2nd. Sept. — States that she feels very well, free from pain; urine alkaline. This patient also had no medicine, excepting Aqua Menthae ter die. Milk diet. When we refer to those cases in which not only were the symptoms acute, but there was undoubted evidence of pericarditis, or of endocarditis, we observe that the duration of the disease was increased, as may be seen by the following:

2. The case marked No.2, John S—, aged 22, was another good example of rheumatic fever with inflammation of the pericardium and with the addition of albuminous urine. On the day after admission his countenance was anxious: he complained of great pain in the chest. Pulse 120; resp. 50. He

was ordered Julep. Menthae c. Tarax. ter die.

On the 18th the rheumatic symptoms seemed to have disappeared.

He continued daily to improve, and went out of the hospital on the 25th of November—that is, on the 28th day after admission.

3. Elizabeth H—, aged 12, who was admitted into the clinical ward 5th February, 1864, under the care of Dr. Gull. It is stated that she had been ailing 3 weeks, but had only suffered pain in the joints for 3 days before admission. 5th February, the symptoms were acute; the pain was so gr eat that it is stated she dreaded the bedclothes to be moved. She was ordered the Julep. Menthae 3j ter die, and Hydr. c. Creta gr. iiss stat., Ol. Ricini post hor. quat.

On the 5th day she felt much better. She continued after this to do well, and left the hospital February 24th, apparently cured.

To recall the results seen in these cases: one patient was totally free from pain on the 5th day after admission; another on the thirteenth day after admission; a third on the 13th day also.

In the 1st case the duration in the hospital was 32 days, in the 2nd 28 days, in the 3rd 20 days.

Thus, on referring back, it may be seen that the average duration of the acute symptoms in the first seven cases, in which there was no evidence of the heart being involved, the abstracts of which have been just given, was 8.5 days; while in the last 6 cases, in which the heart was evidently affected, the average duration was 23.6 days. The recorded experience of other hospital physicians confirms what is here shown—that cases in which there is not, on admission into the hospital, evidence of much heart affection, tend to get well in from 6 to 14 days, that is within 20 days; cases, however, in which there are very early indications of severe heart affection, tend to last over 20 days. In the cases with little or no cardiac disease, the shortest duration of the acute

symptoms was 6 days, the longest 16 days. Where the cardiac disease was great, the shortest duration of acute symptoms was 7 days, the longest 38 days.

Many of the cases tend to confirm the experience, as late years have shown, that acute rheumatic pericarditis does not, as regards the recovery of the patient and the successful termination of the disease within a reasonable time, require any special treatment and more than that, it shows a patient may have rheumatic inflammation of both pleurae, and effusion into the right; and that the heart also maybe involved; yet in 13 days, all the acute changes may subside, and the patient be convalescent and out of bed on the 24 day ,and the only treatment adopted be a grain of extract of opium every night, and mint julep with extract of dandelion 3 times a day.

Such facts also tend to teach that acute rheumatic pericarditis may subside, without any treatment, except rest in bed, and careful diet, in 14 days; that rheumatic pericarditis complicated with albuminous urine, may, without medicine, except mint julep and a grain of opium, for 1 night only, have so far recovered as scarcely to be detected on the 7th day of treatment, and the patient afterwards continue steadily to improve and able to go out of the hospital within a month. In nearly all, if not in all the above cases, the signs of cardiac disease were detected either on the day of or within 2 or 3 days after admission.

Some very interesting facts were seen, in relation with albuminous urine and rheumatic fever, which we must defer until the next number of the Reports, ("A Second Report of Cases of Acute Rheumatism treated in the Wards of Guy's Hospital, with Remarks on the Natural History of the Disease," Henry Sutton, M.B., "Guy's Hospital Reports", Series III, vol. xii, p. 509. The majority of these cases were under the care of Sir William Gull, and they were treated for the most part by mint water alone).

When we hope to bring forward still further evidence and records of more cases treated on the same plan; more especially as Dr. Rees proposes to treat a given number of cases with mint water, and an equal number with alkalies,

lemon-juice, etc.

On referring to the above cases it will be seen that there did not appear to be any great disposition to relapse. On looking back, and taking into consideration what has been already stated, it would appear that cases of rheumatic fever in which the symptoms are acute, and in which there is no, or very slight cardiac affection, tend to get well in 7 to 14 days; or probably, under 20 days.

The majority get well under a fortnight (period of two weeks), but it would appear that in order that such may be the case it is necessary that the symptoms should be prominent and acute, that the patient should be of a tolerably good constitution, and that his tissues should not have been damaged by previous disease. When, however, we refer to those cases in which the symptoms were subacute, or in which the patients constitution had been weakened, we cannot but see that there was a marked difference, and the duration of the disease was much longer. In order to more clearly to demonstrate this, we would ask attention to the following abstracts:

Henry J —, aged 26, described as a pale, weakly-looking man, who had been ill 14 days. When admitted complained of pain in his hands. Besides the mint julep he was ordered half a grain of opium every night and morning, with 2 ounces of brandy a day. On the 7th day he was in a good deal of pain, and passed a very bad night. The treatment was continued, but in addition he was ordered to have half an ounce of castor oil. After that he gradually got well, and left the hospital November 26th, having been admitted October 15th, that is, 43 days in the hospital.

Another case of a similar kind as the last was that of Elizabeth D—, aged 18, in Esther Ward, under the care of Dr. Rees.

August 3rd.— On admission into the hospital she complained of pain in her left wrist, but it was no t much swollen, also of pains in her knees.

27th.—All the symptoms had subsided. September 1st, the 30 day, she was out of bed, but complained of pain in the

ankles.

Up to this date she had taken no medicine of any kind excepting mint water; no stimulants; milk diet the first fortnight, and then middle diet; but as she had lingered on, one day better and the next day worse, she was ordered three ounces of brandy a day, mint water 3 times a day, and middle diet and to be up every day. The average duration of the last 2 cases was respectively 40 to 44 days. The latter class of case will be, at once recognised as a not uncommon variety of rheumatic fever, and we have introduced it here on purpose to contrast it with the preceding cases, and to show how far the plan of treatment that is applicable to one is also applicable to the other, and, above all, to point out how far each, unaided, tends to get well.

Here we would mention that we have heard Dr. Gull several times observe that to have prominent and easily detectable symptoms is a good sign, for when the system is very low, an organ may be very much diseased without being able to tell us so. The experience gained in these cases would appear to confirm Dr. Gull's remark. It may also be noticed that in those cases in which the symptoms were acute, the patients had for the most part enjoyed good health previous to the rheumatic fever; and when we further call to mind that general experience has long taught that acute sthenic symptoms occur for the most part in the healthy and robust, asthenic symptoms in the weak and delicate, we are led to consider that the acute cases recover well.

Not because they are severe, but because their severity indicates that the system has sufficient power not only to tell us of its sufferings, but further, that it is capable of making a great effort to restore its tissues to a more healthy state of nutrition, and to remove the unhealthy matter by active elimination.

Here we would observe that the clinical experience of other physicians has shown that those cases tend to do the best in which the skin is rather hot, yet perspiring with the rheumatic odour, and the pain distinctly marked (see Dr. Fuller's well-known work on (Acute Rheumatism)—thus

agreeing with what Dr. Gull's cases tend to teach. The careful study, however, of morbid anatomy has shown that acute inflammation is not simply active and rapid cell-formation in healthy tissue, but rather acute change supervening upon chronic mal-nutrition or degeneration of tissue (see Dr. Wilks's remarks in the "Guy's Hospital Reports", Third Series, vol. iv). If, however, we compare the natural history of acute rheumatism with that of gout, we see a still closer analogy. If, therefore, what has been last stated be correct, we are led to regard acute sthenic symptoms as indicative of a highly disordered state of the system, but also evidence of a certain amount of power in the system. Other illustrations might be brought forward, but we may probably appeal to general experience to show that the very acute diseases that physicians formerly regarded as sthenic, and requiring active treatment, are now found to be those that tend to get well without the aid of medicine. A young girl was in the Clinical Ward last year, under the care of Dr. Gull, for paralysis of the face. She had slight wandering pains, and occasional' perspiration, which gave an acid reaction to test-paper. A patient now under our care, at the City of London Hospital for Diseases of the Chest, complains of shortness of breath, cough, and of other symptoms. For precaution's sake she was kept in bed, and ordered half-drachm doses of bicarbonate of potash with lemon juice, 3 times a day, and milk diet. She recovered in about 7 weeks, but still a loud systolic murmur is heard over the apex and over the angle of the left scapula.

We would here, in ending these remarks, venture to quote Dr. Latham's words:

> *"There is a lesson which we are apt to learn slowly, but all of us learn at last: it is this, that while present pain and present peril call loudly for relief and rescue, still, in relieving and rescuing, the ultimate well-being of the patient must not be disregarded altogether."*

A perusal of the above cases tends to show that the best treatment for rheumatic fever, it is absolutely necessary to understand the natural progress of the disease before any conclusion can be arrived at concerning the operation of remedies. The cases show that too much importance has been attached to the use of medicines, especially in those acute cases where the tendency to a natural cure is the greatest." - Dr Henry G. Sutton, MD in "Cases of Rheumatic Fever, treated for the most part by Mint-water", Guys Hospital Reports 1865.

Chapter 29

Cases of Acute Rheumatism Treated by Lemon-Juice

"On a former occasion, with the able assistance of Dr. Sutton, I published a few cases of acute rheumatism which had been treated by mint water, or, in other words, had received no treatment at all. The result obtained was very satisfactory, the patients recovering as rapidly and progressing in every respect as favourably under this

expectant plan as upon most of those which have recently been adopted, and certainly doing far better than when subjected to the severe treatment in fashion some 30 years ago.

When remarking upon those cases I stated my belief that had lemon-juice been prescribed the pain in several instances would have been relieved earlier, and the duration of symptoms probably curtailed.

That opinion is strengthened by the cases here recorded, in which the average duration of the disease in the uncomplicated cases was 6.8 days. If we take the uncomplicated cases treated upon the expectant plan, the average duration is 8.5 days.

It is much to be regretted that we have not had the opportunity on this occasion of recording more cases of lemon-juice treatment, but it so happens we have had but few rheumatic patients admitted into our hospital during the past year, and I have not chosen to refer to old reports, which cannot pretend to the accuracy here attained. These old reports, however, taken for what they may be worth, are very favourable to the lemon-juice treatment, and show much the same results recorded many years ago, when I published a pamphlet on the subject. A good deal of importance has naturally been attached to determining how far any given plan of treatment may be influential in preventing the occurrence of complications, more especially those of the heart-membranes.

On this point I can only say that such complications scarcely ever occur during the lemon-juice treatment, and that when present in the cases they have existed before the exhibition of the remedy. I do not consider, however, that this statement means very much in favour of lemon-juice, for I am persuaded that complications are not very common after patients are bedded and well cared for, whatever may be the plan of treatment adopted.

When complications are present, however, I know no internal remedy that assists the patient so well as the free use of the juice. I expressed an opinion many years ago that the more acute the symptoms the greater the value of the

lemon-juice treatment in rheumatism.

Case 1.—Joseph H —, age 28, admitted, May 3rd. He complains of pain in all his limbs; he is sweating freely; the rheumatic odour is well marked; his tongue is furred. He says he has had rheumatic fever before, and that he was in a hospital at Birmingham, where he was treated with blisters. Sumat Succi Limonis 3ij ter die.

5th.—He is suffering great pain. Rept. Succus Limonis; Pulv. Opii gr. j o. n.

13th.—Free from pain; doing well.

Case 2.—Jane S—, age 23, admitted March 12th, 1866. She says that she has enjoyed good health, and has never had any serious illness, but has suffered at times with sore throat. This is her first attack of rheumatic fever.

On March 8th she was suddenly seized with pain in her back. Her ankles and feet became so painful that she could not stand. On the day of admission she had pain in both her ankles and in the right wrist. She was sweating freely.

13th.—She has very much pain in the right wrist, which is red, somewhat swollen, and very tender on pressure. She has pain in both her ankles. She is perspiring freely. Ordered Succi Limonis 3iij 4tis horis. Low diet.

20th.—She is in no pain. Succi Limonis 3ij bis die. Middle diet.

Case 3.—Eliza B—, age 16, admitted May 24th, 1866. She says that 3 days before admission she was suddenly seized with pain in the little finger and in the inside of the left hand. The pain then extended to several joints. She went to bed, and next day was in such pain in her legs that she could not stand. On admission the pain was chiefly in the legs and ankles. Ordered Succus Limonis. The urine is pale and clear, its sp. gr. 1014; she passed 34J oz. in 24 hours.

30th.—She is free from pain, and has been so since the 27th inst. There is no bruit.

Case 4.—Alice M—, age 15, admitted May 80th, 1866. She

says that for about a fortnight she has been suffering pain, but not so much as at present. This is the third attack of rheumatic fever.

May 31st.—She has very severe pain in both ankles, and over both there is a blush of redness. She appears in very great pain and very much distressed by it; she is very restless, throwing her arms and head about; she says she cannot move her legs. Pulse 128. Tongue moist, coated with white fur. Face flushed; skin perspiring about the hands, but not much. A marked rheumatic odour. Rx Succi Limonis 3iij 6tis horis. Low diet.

June 2nd,—She still has pain in her legs,but it is not so severe. She also has very great pain in each wrist. The right wrist is swollen and very red. She is sweating profusely. There is a strongly marked rheumatic odour. Tongue thickly coated with white Air. Bowels constipated. Pulse 120. Heart irregular in rhythm; systolic bruit; the area of superficial cardiac dulness extends as high as the upper margin of the third rib. She says, "I have had great pain all over the front of my chest, like a heavy weight, since yesterday." The Sister of the Ward remarks that she has complained very much of the pain in the chest. Pulv. Cal. et Rhei stat. Kept. Sucous Limonis.

Case 5.—Ann M—, age 27, was admitted 14 April 1866. She states that she has generally enjoyed good health, but has never been very strong; this is her first attack of rheumatic fever.

21st.—She says she is in much more pain today than yesterday. Pulse 100; she has pain in both arms; the tongue is slightly coloured with yellow fur; she is perspiring freely; says she "did not sleep much last night."

Rx Pulv. Doveri gr. v h. s. Rx Suc. Limonis 3ij 4tis h.

Note: Dover's powder was a traditional medicine against cold and fever developed by Thomas Dover. It was used at least through the 1960s. Dover's Powder: "Powder of Ipecacuanha and Opium (B.P., Egyp. P., Ind. P.). Pulv. Ipecac. et Opii; Ipecac and Opium Powder (U.S.N.F.); Dover's Powder; Compound Ipecacuanha Powder. Prepared

ipecacuanha, 10 g., powdered opium 10 g., lactose 80 g

12th.—She is free from pain; tongue clean; skin cool; pulse 92. Heart's dulness not increased; no bruit to be heard. Appetite very good. Kept. Succus Limonis ter die. Middle diet.

19th.—She went out well.

Case 6.—Emma G—, age 24, admitted 11 July 1866. She says this is her first attack. She was taken ill 14 days before admission. Before that time she had enjoyed very good health. The attacks came on with great pain in the right ankle and leg, and the pain gradually extended all over her. She went to bed immediately she was taken ill, and had medical attendance at home, and took medicine.

July 12th.—She says she has pain all over her; greatest pain in the knees and ankles, not so much pain in the wrists or elbows; she can move her arms; she cannot turn herself in bed. Tongue moist, coated in the middle with yellow fur. She is sweating freely; pulse 104. Heart's dulness extends as high as the 3rd rib; a systolic bruit at the base. Urine acid in reaction, clear; sp. gr. 1024. Succi Limonis 3iij 6tis horis. Low diet.

30th.—Went out of the hospital well.

Case 7.—Emma H—, age 29, admitted 18 April. She has generally enjoyed very good health, and except during her confinement has never been laid up with any illness. On 8th April she was seized with pain in the left foot, extending up her leg. Three days afterwards she had pain in her right leg, and has had more or less pain ever since. She says that this is her first attack of rheumatic fever.

19th.—Great pain in the right shoulder and left elbow, also pain, redness, and tenderness of the left ankle. Pulse 104, rather fuller. Apex beat of the heart very feeble; first sound over the base and apex very feeble. She says she slept very little last night. The tongue is moist, and coated with yellow fur; she is sweating very freely; the rheumatic odour is well marked. She is menstruating. The bowels are confined. Succi Limonis 3ij 4tis horis. Cal. gr. iii, Pulv. Rhei

gr. xx statim. Low diet.

9th.—Went out of the hospital well.

Case 8.—Sarah P—, age 17, admitted 10th April. She says that she enjoyed very good health up to last Christmas. A few days after Christmas Day she was seized with pain in both legs, which lasted about 2 weeks; she afterwards had pain in her elbows; was at that time laid up about a month; afterwards she improved and was able to go about again, although not entirely free from pain. She further proceeded to remark that she was not "about" a week before she was again seized with pain in both knees, and she has since now and then had one or the other knee affected.

12th.—She still suffers from pain in both ankles, and pain and swelling in the right wrist. She was ordered "Succu Limonis 3ij 6tis horis et Empl. Lytte sterno." She complains of pain in her chest.

19th.—She is free from pain, walking about the ward. Urine pale and acid; bowels rather relaxed. She went out of hospital quite unexpectedly on April 20th, 1866.

Case 9.—George H—, age 24, admitted May 8th, 1866. Some days ago, while going to work, he was seized with pain in his legs. He says, "It was in the sinews of my knees." He was obliged to turn back and go to bed. He states, "While in bed the pain worked all over my body, and flew from one part to another." Some years ago he had rheumatic fever, and was laid up for 13 weeks; he "says he has enjoyed good health with the exception of that attack—"no one better than I did; always good."

Postscript: Since the above was written I have seen some strange remarks referring to the expectant treatment which we have been trying in Guy's Hospital. The writer "concludes that because we have shown the uselessness of many remedies in vogue, we must have arrived at the belief that the best plan of treatment in rheumatism is to do nothing for our patients. I leave the writer and his logic to the mercy of the profession." - Dr G. Owen Rees, MD, F.R.S.,

in “Guy's Hospital Reports”, 1866.

Select Clinical Reports (Memoir V.)

“There are few practical questions upon which, as it appears to me, there has been greater diversity of opinion amongst medical men than that of the treatment of acute rheumatism. I do not at present allude so much to the now obsolete practice of indiscriminate bleeding and calomel (cathartic), as to the later modes of treatment by chemical action, by elimination, and by merely expectant treatment.

I am not prepared to say whether chemical remedies produce their effect by the decomposition or neutralization of the peculiar acid present in the blood in rheumatism, but it is nevertheless true that the most successful of these, the lemon-juice, contains a salt of potash, which may be an eliminant, and that citric acid in its uncombined state has not the same efficiency.

The occasional success of the expectant treatment, or the giving no active medicine whatever, has been regarded by some as a proof of the inutility of all the other modes of treatment, and by some as an argument against the use of drugs in the treatment of disease in general. What, however, I would urge is that no one of these modes of treatment is most applicable to all cases, and that the success of the expectant treatment only shows that rheumatic fever, like all acute disease, is capable of spontaneous recovery; and that where this recovery is proceeding steadily and safely the officious use of drugs is to be avoided, and that the skill of the experienced practitioner never appears to greater advantage than in the discrimination of the cases which do not require his interference; but that, on the other hand, many cases will not proceed thus favourably if left to themselves, and in such instances there is occasion for the use, not of a specific remedy, for as yet we know of none such for rheumatism, but of medicines adapted to the exigencies of the particular case.

Case 1.—Acute rheumatism of ordinary severity, treated with moderate doses of lemon-juice, and afterwards of bicarbonate of potash; convalescence within 3 weeks from the first commencement of the disease.

Thomas S—, admitted October 5th, 1864.

On admission. — Both wrists swollen, the right rather the worse, and the right shoulder is painful; but the weight of the bedclothes can be borne without causing pain. Ordered Mist. Senn. co. c. Tinct. Colchici m xxv statim; Succi Limonis 3ij 6tis horis.

10th.—Pain in right wrist only; none in the chest. Heart sounds not so distinct; faint systolic murmur below and to the right of left nipple, not so much over aorta. Ordered Potass. Bicarb., Sp. Ammon. Ar., ex Jul., Menth. Pip, t. d. s.

14th.—Pulse 50; tongue clean; pain in right shoulder returned. Distinct systolic murmur heard below the nipple at the apex; sounds are good to the right of the sternum; second sound good up the aorta. Ordered Inf. Ciuchon. vice Julep. Menth. Pip. (vide die 10), and a chop.

4th.—Presented ; discharged cured.

Cask 2.—Gilbert C—, age 15, admitted October 18th, 1864.

Ordered on the 18th Pulv. Doveri gr v h. s. s. 19th, Pot. Bicarb, gr. x ex J. M. P., 4tis h. s.

16th.—Went out well.

Case 3.—Patrick M—, age 25, admitted October 10th, 1865.

October 10th.—General health good; habits pretty temperate. On September 25th, while working in a shipbuilding yard, was attacked with pains in his limbs and loins. On admission his right wrist was slightly reddened, swollen, and hot; his elbows, knees, ankles, and shoulders, were very painful, but not swollen. Ordered Jul. Menth. Pip. ter die.

25th.—Went out to-day, feeling very well.

Case 4.—John A—, age 30, admitted October 23rd, 1863.

General health good; fair complexion; temperate habits.

16th.—Discharged well.

Case 5.— Mary Anne S—, age 19, admitted October 26th, 1864.

One of the children has been ill, and she thinks she has exposed herself by frequently getting up in the night to attend to it. Rx Pot. Bic. 3j, Pot. Nit. gr. v, Vin. Opii mv, ex Junlep. Menth. Pip., 4ta quaq. Hora.

29th.—Has been steadily improving; there is no bruit distinguishable up the aorta. Discharged well.

Conclusions

The first of the above cases was one of moderate severity.

On the day of his admission there was no evidence of any heart affection, and he was, at the suggestion of my clerk Mr. Rendle, placed upon the use of the lemon-juice, a remedy which, as is well known, has been suggested and recommended by my colleague Dr. Rees, chiefly upon the ground of its probable chemical agency. It is one, too, which I have often found very serviceable. It is true, indeed, that the systolic murmur was first heard upon the day following the first employment of the lemon-juice, but, owing to the shortness of the interval, it would by no means be just to infer that therefore the remedy is less efficient than others in preventing the heart complication.

The mixture containing the bicarbonate of potass was employed in moderate doses, and the patient left the hospital well at the end of thirty-one days. The period from the commencement of the treatment to incipient convalescence was 12 days. In the second case the bicarbonate of potass was the remedy chiefly employed, as the skin acted very freely, and the urine was scanty and contained purpurine. This case, it should be observed, was one of a somewhat chronic character, the patient having, been ill for three weeks before his admission.

The time from the commencement of the treatment to decided convalescence was 24 days. The 3rd case, being not

of a very acute character, was treated upon the expectant system, and under the use of it he at first appeared to be advancing favourably, and at the end of five days was convalescent, but at the end of 10 days he had a relapse of a very severe character. He was then put upon the use of considerable doses of citrate of potass, with about 12 grains of the bicarbonate in excess, a combination in which I believe that the alkali enters the system more readily than when given in the form of simple bicarbonate.

The period from the commencement of active treatment till the commencement of convalescence was 12 days. The 4th case was treated with the acetate of potass and nitrate of potass, a combination which is most efficient as an eliminant by the kidneys; and if we also give some Dover's powder at night, and apply cotton wool to the affected joints, we have generally a free excretion by the skin. In this case the improvement was at first very rapid, and would, probably, have continued so but for the accidental attack of bronchitis. In some severe cases of acute rheumatism treated by these remedies I have witnessed very speedy recoveries, more so, perhaps, than under the use of any other remedy.

It may here be observed, that the process employed by nature appears to be the elimination of the morbid poison by the skin, and by the kidneys in the form of urates, and that whenever this elimination is going on freely and safely there is no ground for promoting it by active remedies.

But, on the other hand, we must remember the liability to the accidents of the disease, which are of very grave character, in the form of internal inflammation, chiefly affecting the heart, diaphragm, and pleura (though serous and fibrous tissues elsewhere do not always escape), and that these accidents are more liable to arise when the elimination of the morbid poison is suspended." - Dr G. H. Barlow, MA, MD in "Guy's Hospital Reports", 1866.

Cases of Acute Rheumatism Treated by Mint Water A Second Report

Or Cases of Acute Rheumatism Treated
in the Wards of Guy's Hospital With Remarks
On the Natural History of the Disease

"In the last number of the "Guy's Hospital Reports" we reported several cases of rheumatic fever that had been under the care of Dr. Gull, and had been treated for the most part by Mint Water only.

Since that time we have had an opportunity of observing several other cases similarly treated and of testing our previous conclusions, and we would venture to observe that this subsequent experience has tended to confirm what we have already stated.

The cases that have been treated by mint water during the past year have been few, for the simple reason that the cases of rheumatic fever admitted into the hospital have not been numerous. A few cases have been treated according to different plans, and some of these, in which Lemon-Juice was employed, are recorded by Dr. Rees in the present volume.

We have, however, thought it more advisable to introduce, in this paper, only those cases that have been treated almost by Mint Water alone. The cases recorded below were all well-marked cases of rheumatic fever. Some of them were under the care of Dr. Barlow, and one was under the care of Dr. Wilks, but the majority were under the care of Dr. Gull.

Severe Rheumatic Fever; Pericarditis and Pleurisy

Case 1. - Fred. C—, age 14, admitted 30 October 1865.

He states that he has always enjoyed good health with the exception of catching cold. He has been, owing to his occupation, very much exposed to changes in the weather. He attributes his present illness to having got wet through.

November 1st.—In no pain. Tongue rather white and moist.

Heart—the area of dulness is the same as yesterday; the first sound at the apex is prolonged, and the same creaking

murmur is heard over the base; rhythm still irregular; pulse 60; respiration 24. Rx Aquae Menthae 3j, Ext. Taraxaci 3ss, 4tis horia. Milk diet. (Taraxacum officinale: Dandelion)

December 2nd.—He is in no pain; he says he feels much better; the dullness on the left side is much diminished.

Rheumatic Fever; no Heart Affection

Case 2. - Kesiah S —, age 20, admitted November 21st, 1865.

She says that this is her first attack of rheumatic fever, and that she has been ill nine days. She complains of very great pain in her wrists, ankles, and shoulders; she is perspiring very freely; tongue red; no appetite; a systolic bruit is heard over the base of the heart between the second and third left costal cartilages, Rx Ext. Taraxaci 3j ex Julep. Menthae, 4tis horis. Rx Ol. Ricini 3ss stat. Milk diet. (Taraxacum officinale: Dandelion)

December 4th.— She is going on well, Rx Sodae Sesqui, carb. gr. xv, Infusi Cascarillae 3iss, t. d. Middle diet. She continued to do well, and was discharged.

Severe Rheumatic Fever; Heart Complication

Case 3. - David D—, age 23, was admitted November 3rd, 1865.

He states that he has enjoyed pretty good health, and has considered himself to be strong.

November 3rd (the day of admission). — Dr. Gull has seen him and says that there is a systolic bruit at the left apex; the ankles are swollen and painful; the tongue is brown and dry; temp. 102; pulse 100; respirations 28. Rx Ext. Taraxaci 3j, Julepi Menthae 3j 4tis horis. Milk diet.

- Taraxacum officinale: Dandelion
- Mentha spicata Julep: Julep Spearmint

7th. December —He went out of the hospital.

Rheumatic Fever; Symptoms Acute

Case 4. - Henry S—, age 19, admitted October 28th, 1865.

On admission. He complains of great pain in his ankles and knees; his skin is hot and he is sweating freely.

The area of cardiacdulnessis not increased; a systolic bruit is heard over the apex of the heart, Rx Ext. Taraxaci 3j, Aquae Menthae 4tis horis. Milk diet.

- Taraxacum officinale: Dandelion

- Mentha spicata Julep: Julep Spearmint

11th.—He has been going on well; he is walking about the ward.

Rheumatic Fever;
Symptoms Acute; Heart Complication

Case 5. - David A —, age 16, admitted June 6th, 1866.

This is the first attack of rheumatic fever, and he attributes it to exposure to cold. The pain has attacked chiefly his knees and ankles. He has been in bed ever since he first felt the pain. No medical man has attended him. He has taken antibilious pills, but no other medicine.

June 6th.—He has very severe pain in both ankles; these joints are very red and tender, and the right one is swollen. He has also pain in the knees, and a little in the left wrist when he bends it. He is perspiring very profusely about the face. The skin over the body feels hot.

Ext. Opii gr. ss omn. noct. vel bis die. Julep. Menthae 3j 4tis horis. Ext. Tarax. 3j sextis horis. Milk diet.

20th.—He is entirely free from pain.

Case 6.—Thos. N—, age 24, admitted March 31st, 1866. He says that this is the third time he has suffered from rheumatic fever.

April 1st.—We saw him for the first time next day, when there was pain and swelling in both knees, fluctuation in the right knee, pain in both ankles, and pain and redness in the left wrist.

Pulse 104, full, and abrupt. The cardiac dulness is not increased; a systolic creaking bruit is heard at the left base,

the second sound is intensified, and there is a markedly prolonged first sound at the left apex. Ordered Julepum Menthae ter die, and a low diet.

3rd.—He says that he had a better night last night, that he is not in so much pain, and that he feels better this morning, but still has pain in his left wrist and both shoulders; the joints are swollen. He has had a linseed-meal poultice applied to his side, which has relieved the pain.

10th.—Free from pain; walking about the ward. He got up without the consent of Dr. Barlow. He says that he feels much better.

Case 7. —Elizabeth Ann W—, age 18, admitted December 20th, 1865. This is her first attack of rheumatic fever; she says she has been suffering pain 5 days. On admission the right wrist is red, swollen, and very painful; she cannot move her left leg, and has great pain in her knees; her tongue is moist and coated with a yellow fur; the rheumatic odour is well marked; the skin is hot and perspiring; the cheeks are very flushed.

13th.—The patient is out of bed, and continued to do well till she left the hospital.

In Conclusion

It may here be noticed that all the above cases were treated, for the most part, with mint water only. When the patient was suffering very much pain a grain or half a grain of opium was ordered at bed-time, or twice a day, and when the bowels were confined a Seidlitz powder, with a dose of castor oil, was prescribed. The average duration of those cases which were not accompanied with marked heart disease was 9 days, and of those with heart affection of no great severity about 11 days. In the case attended with severe pericarditis and pleuritic effusion the duration was 32 days. It will probably be admitted that the above record affords evidence to prove that a certain number of cases of rheumatic fever go on to recovery, and terminate in

convalescence within from 10 to 20 days.

They also show that a patient may have extreme rheumatic pericarditis, and at the same time considerable pleuritic effusion on the left side, and yet that he may progress very satisfactorily, although no drugs be given, with the exception of a small dose of opium once or twice a day, this being prescribed with the object of relieving pain and quieting the nervous system, rather than of exercising any special influence over the inflammation of the serous membranes.

The same thing may be said of endocarditis. These cases, moreover, prove that well-marked and even severe rheumatic inflammation of the heart may entirely subside and leave the heart apparently healthy, and this with little or no assistance from drugs. Of 29 cases of rheumatic fever admitted into Guy's Hospital during the last year, in 16 there was evidence, on admission, of heart disease.

12 of these 29 cases were treated with lemon-juice; 7 with mint water; 3 with mint water and a little opium; 3 with the fixed alkalies; 2 with alkalies and lemon-juice; 1 with blisters. One patient was kept in blankets, no medicine being administered. Of the 10 cases in which the heart was free from any bruit, 5 were treated by lemon-juice, 2 by alkalies, 1 by blisters, 1 by blankets, 1 by mint water. It seems to be far from common according to the experience of physicians who advocate different systems of cure. But it appears to us, that until it is decided what is the proportion of cases which escape heart affection with treatment by rest and light diet only, it will be very difficult to decide as to the amount of influence any system of cure has exercised in preventing such disease." - Dr Henry Q. Sutton, MB, in "Guy's Hospital Reports", 1866.

Some Gave up all Medicinal Treatment

"Impressed with a sense of the failure of this mode of treatment, physicians looked about for something better. Owen Rees used lemon juice, and got from it results which

were at least as good as those which followed the administration of alkalies. Some gave up all medicinal treatment, and simply kept the patient warm in bed, gave him light simple diet, and administered some placebo.

Dr. Flint (American Journal of the Medical Sciences, July 1863) published in 1863 an account of thirteen cases treated on this plan with good results, 2 years later an equally good report was given by Dr. Sutton (Guy's Hospital Reports 1865), of 41 cases treated in Guy's Hospital, and which got medicinally only mint water. This expectant plan of treatment was adopted by many, with results as satisfactory as those got from more active measures.

> *"I am quite certain that many cases, even of severe rheumatic fever, get rapidly well without the administration of drugs; and on simple coloured or camphor water, the improvement is often so quick and satisfactory that, had not the nature of the treatment been known, great virtue would surely have been ascribed to it." - Dr. A. B. Garrod, MD, FRS in "A System of Medicine: General diseases", 1866.*

This expectant plan on treatment is really that which was recommended and practised by Sydenham in the later part of his career. To treat a patient by mint water, is practically the same as treating him by whey, which Sydenham did 200 years ago. It is curious to find the leading physicians of the nineteenth century going back to the same plan of treatment which was recommended by the father of English medicine in the seventeenth."- Dr T. J. Maclagan MD in "Rheumatism Its Nature, Its Pathology and Its Successful Treatment", 1886.

Medicinal Potency of Lemons

"I have used strong, cold lemonade for 40 years, in more than 3,000 cases of typhoid fever, and there is nothing else known to the profession so soothing to the consuming thirst of the parching internal fire of that dreadful scourge. Lemon juice is superlatively antiemetic, antiseptic and sudorific, a

germicide par excellence.

Lemon juice and chlorate of potash, in drinks and enemas. I usually open the battle with an emetic, fluid extract of ipecac and a flaxseed enema, containing enough ipecac to purge the bowels, followed by a round purge of podophyllin, the infallible expeller of intestinal parasites and cleaner of the nutritive tube, obviating cramps when the bowels are ready to move with a rousing enema.

As a precaution I often give a few 2 hour doses of aconite or veratrum viride, in early stages. I keep the threatened tract open with small doses of podophyllin, repeated every 24 hours, as long as necessary, and frequent flaxseed enemas, with chlorate of potash or lemon juice, this last once in 24 hours. I administer a small dose of chlorate of potash every three hours, and give all the lemonade they may want. I apply abdominal flaxseed poultices, faced with powdered camphor, and fifteen to thirty drops of laudanum. When fever is intense in the brain I put sulphate ether or other frigorific to nape of neck in a bladder, as there is no ice here, using a safe hypnotic in delirium.

When seen early fever usually drops 2° to 3° C, in 24 hours, and touches normal a few hours every day, within 2 or 3 days, rarely passing 39° C. when it rises, and generally disappears in 2 weeks or less, with uneventful convalescence. But when it has run 5 to 15 days.

Chloral is a magic healer of ulcers, internal or external.

I almost always abort typhoid fever, on appearance of first symptoms, when at tending a developed case, and disinfect my patient and their surroundings with chloride of lime and carbolic acid. Some opponents of the lemon in disease say some persons are so saturated with some compound acid that lemon juice kills them quicker than strychnine; but such case has never fallen to my lot, and I have cured more than 3,000 ordinary chills and fever with lemon juice, for want of quinine, in time of revolutions or want of money in patients hands to buy it, during my long and trying years of tropical practice.

I usually abort the grippe and prevent pneumonia with strong lemonade, hot as possible to drink, after the big sweat

the lemonade provokes. I begin in yellow fever with the juice of a big lemon. Nothing else equals cold lemonade to quench thirst in labour pains. Lemon juice kills germs of Asiatic cholera more effectively and quicker than any other Antiseptic, even when much diluted in enemas. When In a red-hot epidemic or inhaling miasmatic fumes in every breath, I eat an orange or squeeze a lemon into a cup before breakfast, and have lived 40 years without ache or pain or a dose of medicine, other than 15 drops tincture of iodine or one two-hundredths permanganate of potash in half glass of water, after great exposure to contagion in the night." - Dr Robert Gray, MD, in "The Medical Brief", 1905.

Remarks on the Natural History of Rheumatic Fever

"In this paper we are desirous of bringing under the notice of the profession the particulars of a few more cases of rheumatic fever which have been treated by mint-water, or, in other words, by absolute rest and regulated diet, unaided by medicine. In our previous reports on this subject (recorded in the Guy's Hospital Reports) we have endeavoured to show what is the natural course of rheumatic fever. We have, moreover, shown what is the class of case that tends to do well, to recover more quickly than any other class, and have further pointed out what class of case does not tend to recover quickly, but becomes protracted and very liable to relapse.

We are now desirous of pointing out what appears to be the natural course of rheumatic fever with reference to the heart; to show in what proportion of cases the heart has become diseased when the patients were treated by mint-water; and to consider if there be any evidence to prove that the heart is more frequently involved where cases are treated by mint-water, or where treated by alkalies, lemon-juice, or by the application of blisters to the joints. This report is based on 25 cases of rheumatic fever, all of which have been carefully watched by one of us.

Four of these cases were under the care of Dr. George

Owen Rees, in Guy's Hospital (vide Guy's Hospital Reports vol. xi, third series, 1865); 8 of the cases occurred in the same hospital under the care of Drs. Barlow, Rees, and Gull (Guy's Hospital Reports vol. xii, 3rd series, 1866); and the remaining 13 cases have occurred in the London Hospital. The 13 patients were admitted into the London Hospital under the care of Dr. Herbert Davies, Dr. Andrew Clarke, and Dr. Ramskill.

They were, however, subsequently transferred to the care of Dr. H. G. Sutton, who here begs to acknowledge the kindness and liberality of his colleagues, and to mention that Drs. Davies, Clarke, and Ramskill have at all times most generously allowed him to make use of their cases. 12 of these 25 cases have been already recorded in the "Guy's Hospital Reports" it is therefore only necessary to give the clinical particulars of the remaining 13 cases.

Of these 25 cases, 18 were females and 7 were males.

The ages of these patients were as follows:

The youngest was 12 years old and the oldest was 25 years. The average age was 19 years.

No objection could therefore be raised against the cases on account of age, for experience has shown that persons under twenty suffering from rheumatic fever are very liable to have heart affection, and that females, to a greater extent than males, are exposed to this complication.

We may now be permitted to record the particulars of the following 13 cases.

Case 1. - Emma L - age 17, was admitted into the London Hospital December 20th, 1867. Her illness commenced eight days before admission with pain in all her limbs. This was her first attack of rheumatic fever. On admission she had a good deal of pain in several joints. On the second day of admission the pain continued; she perspired profusely, and the rheumatic odour was well marked.

Case 2. Catherine C - age 24, admitted into the London Hospital December 28th, 1867. This was her first attack of rheumatic fever. Her illness commenced 5 days before admission with pain in the left foot. She was very thirsty and had lost her appetite. On admission she complained of pain in her feet and knees.

Case 3. Alfred W - age 17, was admitted into the London Hospital October 25th, 1867. This was his first attack of rheumatic fever. His illness commenced 6 days before admission with pain and swelling in his left knee and ankle, and with thirst and loss of appetite. On admission he complained of great pain in his joints; his face was flushed, and he was very thirsty. An ounce of mint-water every 4 hours was ordered, and milk and beef-tea for diet. On the 20 day he had continued to do well, and was free from pain. Discharged December 3rd, on the 40th day.

Case 4. George M - age 13, admitted into the London Hospital January 17th, 1868. This was his first attack of rheumatic fever. His illness commenced five days before admission with pain in his feet; his joints were swollen; he was thirsty and sweated a good deal. On the day of admission the rheumatic odour was well marked.

Case 5 Rebecca D - age 18, admitted into the London Hospital January 28th, 1868. This was her first attack of rheumatic fever. Her illness commenced one day before admission with pain in the feet. On the day of admission her wrists were red and swollen.

We now proceed to ask: Is the duration of rheumatic fever longer when it is treated on the expectant plan, or when it is treated by drugs?

We very much regret that, owing to the arrangement of Dr. Dickinson's paper (Royal Medical and Chirurgical Society's Transactions, vol. xlv, on “The Treatment of Rheumatic Fever") we could not compare his cases with our own.

In Dr. Garrod cases (Royal Med. and Chir. Soc.

Transactions vol. xxxviii), treated by large doses of alkali, the male patients were, on an average, in the hospital 6.2 days before the acute symptoms subsided, and females were 7.3 days before the acute symptoms subsided. The average of the 2 was 6.75 days.

In Dr. Herbert Davies cases (vide London Hospital Reports vol. i), treated by blisters, the duration of the acute symptoms, while the patients were in the hospital, was, on an average, 8.4 days. When, however, we take the thermometer as a guide, we find in Dr. Herbert Davies cases that, although the patients were free from pain, and the joint symptoms had also subsided, on an average, in 8.4 days, yet the temperature of the body was not normal until, on an average, 9.5 days.

In Dr. G. Owen Rees' cases (Guy's Hospital Reports vol. xii, 3rd series, 1866), treated by lemon-juice, the duration of the acute symptoms in the hospital was 6.8 days. And under the expectant treatment the duration of the acute symptoms in the hospital was 9.1 days.

To give this evidence more briefly, under the full alkaline treatment the average duration was 6.75 days.

Lemon-juice ditto 6.8 days
Blister treatment ditto 8.4 days
Expectant treatment ditto 9.1 days

There was, therefore, a difference of a little more than 2 days in favour of the full alkaline and lemon-juice treatment, and the average in the blister and expectant treatment was almost equal. When, however, the duration of the acute symptoms was tested still more accurately by the aid of the thermometer, we find that under the blister treatment it was, on an average, 9.5, under the expectant treatment 10 days. The total duration of the acute symptoms, including the time the patients were ill before and after going into the hospital, was:

- Under the full alkaline treatment 13.5 days.

- Under the blister treatment (not estimating by aid of the thermometer) was 15.7 days.
- When the acute symptoms were estimated by the thermometer the duration was (under the blister treatment) 17.27 days.
- Under the expectant treatment 19.0 days.

These differences are very slight, so much so that they appear to us to argue that one plan of treatment (as regards shortening the duration of the rheumatic process) has no great advantage over the other. While it has been admitted by those who advocate the treatment of rheumatic fever by alkalies, that large doses of such drugs do not curtail the duration of the disease, yet it is stated, to quote the words of Dr. Barclay:

> *"that it does most incontestably prevent inflammation of the heart, the proportion of heart ailments is very much reduced by the employment of the alkaline treatment."*

Our cases show that when patients free from heart affection were admitted into the hospital suffering from rheumatic fever, and the disease was allowed to run its natural course uninfluenced by drugs, it was a very rare thing for the heart to become diseased while the patients were under treatment in the hospital. It is rare for the heart to become diseased when the disease is allowed to run its course uninfluenced by drugs. Dr. G. O. Rees also has informed us that when cases of rheumatic fever were treated with lemon-juice it was exceedingly rare to find the heart become diseased during treatment, provided it was healthy when the patient was admitted into the hospital.

It may be said that the operation of alkalies, lemon-juice, and blisters, are different, but that they all accomplish the same end by either neutralising or eliminating the poison or the materies morbi of rheumatic fever. Some patients treated by blisters or by alkalies, entered the hospital as early as the third, fourth, and fifth day, without any heart disease, and the heart did not become diseased while the patients were

under treatment. The same thing occurred, therefore, when the disease was allowed to run its natural course as occurred when the disease was treated by blisters or alkalies. In our cases treated by mint-water the rheumatic fever commenced, on an average, 8 days before the patients entered the hospital.

We may now briefly sum up the various conclusions arrived at in this paper as follows:

1. That rheumatic fever uncomplicated with any very severe heart affection tends to run its course in nineteen days, calculating from the time the rheumatic symptoms first set in to their termination.

2. That the average duration of the acute symptoms while patients were in the hospital and free from very severe heart complications was 9 days.

3. That in nearly all the cases referred to in this paper, there was some modification of the heart's sounds during some period of the rheumatic attack.

4. That severe pericarditis complicated with pneumonia may subside and leave the heart healthy, so far as we can test by our present means, without the aid of any drugs.

5. That when the heart was healthy on admission into the hospital, it was very rare for it to become organically diseased while the patients were under treatment by mint water, or, in other words, when the rheumatic fever was allowed to run its natural course.

6. That the evidence before the profession shows that the heart very rarely became diseased while the patients were under treatment (in the hospitals). And that this was the case when the patients were treated by alkalies, lemon juice, or by blisters to the joints.

7. That there is not sufficient evidence before the profession, to prove that any of the advocated remedies have power to prevent the heart becoming diseased.

8. That in concluding that the treatment has prevented the heart becoming diseased, we have overlooked the fact that there might be no tendency at the time the patients were under treatment for the heart to become diseased.

9. That in rheumatic fever the tendency is for the heart to become diseased during the first few days of the fever, and should it escape the early days of the disease, there is each day a lessening tendency to its implication; hence, our cases would appear to show that if at the end of the first week of the rheumatic fever the heart is free from disease, there is little or no tendency for it to become diseased during the later weeks, provided patients are treated by rest and regulated diet.

10. That the reason why the heart did not become diseased when rheumatic fever was treated by alkalies or blisters to the joints is to be attributed not to the influence of the drugs but to the natural course of the disease. For the patients did not come under treatment, until the rheumatic fever had been going on some days, and until the period when the heart was most liable to become diseased had passed over.

At present, therefore, as regards treatment, our cases seem to show that we are limited to a careful regimen of the patient.

Rest, mechanical and physiological.

Rest in the very outset of the disease.

We are therefore, at present, advocates of the exactest treatment of the patient under acute rheumatism, though we may doubt the value of so-called specific drugs." - Dr William W. Gull, MD, DCL, FRS and Dr Henry G. Sutton, MB in "Medico-Chirurgical Transactions" 1 Jan 1869.

"Children often run high fevers for little or not apparent reason" John warned me when Lizzie our oldest was sick for the first time. "From now on, there'll be many occasions when we will have to sit it out, and worry and wait and pray. The important thing for us as parents, is never to lose our heads, but to always to remember that where medicine is limited, nature is usually kind, and getting kids well, mostly, is just a question of giving them adequate time." Giving children adequate time to get well, however is the hardest part of parenthood. It takes fortitude and courage to learn to endure patiently what can and cannot be cured in our children, but it is the fortitude and courage of necessity. The frantic parent not only sets his children a poor example, but causes actual distress in his own life. He changes doctors, he switches medicines, he wastes money he cannot afford to waste, he creates medical dilemmas for himself and for his family and winds up in a permanent state of confusion and medical purgatory." - Evelyn Barkins in "Are these our Doctors", 1952.

The Internal use of Menthol in the Treatment of Headaches Neuralgias and Other Painful Affections

"Menthol has been used externally as an anodyne for thousands of years by the Chinese and Japanese. The oil of peppermint has been used for the same purpose at least since the time of Pliny the Younger. This author also recommended its internal use in digestive troubles and as a stomachic. Delioux de Savignac recommended the oil as a local application, and also used it hypodermically (locally) for neuralgic and myalgic pains. He also employed it locally in bronchial and laryngeal troubles.

Dr. A. Schmitz has prescribed menthol internally for digestive and bronchial disorders. Rosenberg and Beehag have used it in phthisis, Cutter in influenza, and Salisbury in diphtheria. (Quoted by Langaard, loc. Cit.) Recently the oil or the camphor has been used by a number of persons in the local treatment of nasal, pharyngeal or laryngeal, and

bronchial affections. So far as I can learn, however, Dr. Wm. M. McLaury, was the first to use menthol internally in neuralgia. About a year ago he suggested to me that it gave efficient relief in migraine. Since then I have used it in many and various disorders, and have come to look upon it as a valuable addition to our pharmacopoeia.

Chemistry: Menthol (C10H20O) is classed as a camphor, though it does not strictly belong to this group. All the essential oils have probably an oxidized and a nonoxidized hydrocarbon radical. Menthol is the oxidized radical of oil of peppermint. It is extracted from this oil by cold and pressure. It is not a salicylate, like the oil of wintergreen and oil of birch ; nor of the nature of a phenol, like thymol; nor has it any analogies to the anodyne derivatives of aniline. It is soluble in alcohol, ether, and chloroform, but not in water. Hot water, however, holds it in fine suspension for a time.

Physiological Properties

Locally it is at first irritant, then it produces a sensation of coldness and some analgesia, but not very much anaesthesia (Savignac). Schmitz believes that it acts as an anassthetic only by direct contact with and paralysis of the peripheral sensory nerves. He found that it stimulated the salivary secretory nerves, and it probably does the same to the gastric nerves. It has a specific stimulant action on the thermic nerves (Goldscheider). Taken internally, I have found it to cause a sensation of warmth, lasting from a half to two hours.

It strengthens but does not much quicken the heart- beat, and raises arterial tension. Savignac also found that the drug stimulated the heart, but did not quicken it. In some cases it causes profuse perspiration and increased flow of urine, the acidity of which, I believe it, like thymol, increases. It is eliminated in a modified form in part by the kidneys (Savignac), and probably in part by the lungs. It rarely or never causes nausea or gastric irritation, unless its use be long continued. Menthol is a powerful antiseptic, being about twice as strong as carbolic acid (Mac-Donald). Since it

can be safely given in doses twenty times as large, it is for purposes of internal administration superior, except that it is not soluble in water.

Medicinal Action

I have used menthol now for nearly a year, and in a large number of cases. At first I kept no notes, and consequently I cannot place all my experience on record. The following are recorded cases:

Cases

Migraine in 5: Relieved in 4 cases.
Anaemic Headache in 5: Relieved in 5 cases.
Congestive Headache in 2: Relieved in 2 cases.
Neurasthenic Headache in 3: Relief decided in 3 cases.
Multiple Neuritis in 2: Very marked Relieve in 1 case
Intercostal neuralgia in 1: Relieve in 1 case.

Conclusions

From my experience I conclude that menthol, taken internally, is a heart stimulant and nerve anodyne. It is particularly useful in cases of migraine, supraorbital neuralgia, and of neurasthenic, gastric, and anaemic headaches. Of its value in diphtheria and bronchial affections Dr. McLaury tells me that he has found it very useful here.

The Internal use of Saffrol in the Treatment of Headaches, Neuralgias and Other Painful Affections

Saffrol (C10H10O2) is the camphor of the oil of sassafras. It is liquid at ordinary temperatures. It is a substance with the odour and taste of the oil of sassafras itself. It is not nearly so pungent or irritant locally as menthol, and for this reason it may be found to be a better drug. Oil of sassafras has been used locally and internally in neuralgias. I have employed the camphor, saffrol, in cases of myalgia, sciatica,

and headache with apparently very good results. There is no doubt that very useful anodyne properties exist in the camphors so called of the essential oils." - Dr C. L. Dana, MD in "The Therapeutic Gazette", 1888.

Celiac Cured by Strawberries

"This was a well-marked, quite typical example of Psilosis from Manila. It occurred in a man over 50 years of age; past that period, patients rarely recover from this disease. He had had a great deal of treatment, chiefly by Dieting, which may be briefly summed up in a few lines:

1. Rest. Recovery. Relapse.
2. Milk-diet. Recovery. Relapse.
3. Meat-juice. Recovery. Relapse.
4. Barley-water. Recovery. Relapse.

At this point, Manson determined to put his patient on an exclusive Diet of Strawberries. Considerable caution was exercised at first; one single Strawberry was given as a meal! Then two, three and so on. After a time, the man was able to take fruit freely, indeed till quite satiated, and with no evil result. There has been no relapse and he appears to be permanently cured. This method has its limitations, for in our Sunny Southern Clime, the Strawberry season sometimes continues, as in 1903, for a whole week! Though this cure would scarcely lie within the reach of all, yet it forms a most instructive case, as helping to remove the prevalent but erroneous notion, that fruit is detrimental to all forms of diarrhoea. Strawberries are said to contain Salicylic Acid and that drug is supposed to be a Cholagogue. Still we are not obliged to believe that it was the Salicylic Acid that cured this patient!" - Edward Thomas Blake, MD in "The Intestinal Catarrhs, Being a Clinical Study of Colitis, Appendicitis and Their Allies: With a Special New Section on Sprue", 1905.

"We are too easily enamored of the latest combination in

some complex chemical group, and prosperous commercial houses attest the ready gullability of the profession, so eager to bite at ridiculous claims as to the pain-killing properties of this, that, and the other mixture. Those who pass as scientific and intelligent practitioners (God save the mark!) are often large users in their daily practice of these nostrums, which merit the contempt of ethical men.

We must appreciate that there is much for the broad-minded physician to accomplish other than the drugging of his patients. Psychic influences are not to be despised, hygienic measures are too much neglected, and the too prevalent tendency to reach at once for the ready remedy and to see duty done in the administration of tablet, pill, powder or potion is belittling and narrowing in the extreme.

Other measures are more important than these, and he who resorts to drugs before giving a thought to simpler and better measures has done himself and patient alike an injustice. To give no drug and yet to restore our patient to a normal condition, is, indeed, to gain a victory well worthy of pride and satisfaction." - Dr Charles Hitchcock, MD in "The Lancet-Clinic", 1904.

The Cure of Disease by the Creation and Control of an Improved State of Well Being

"The results obtained from the education of about a thousand patients with symptomatic indigestion, ache, eczema, psoriasis, arthritis, or some other disease, to restore health from anabolic nutrition, have been gratifying; because when the principles of treatment are understood and cooperation of the patients is secured, the diseases are almost invariably relieved. To be sure, the improvement in the health of chronic invalids is always slow, and months and sometimes years of treatment are required before tangible results become evident.

The results obtained in the treatment of all of these diseases are very similar; therefore, definite figures of those compiled in a recent study of arthritis (7), may be used for

this purpose. In this study, an attempt was made to educate 241 patients in these principles of treatment, over a period of five years. Of this number, 74 were private and 167 charity patients ; but there were 34, in the latter group especially, who were unable to understand the practice of anabolic nutrition, and there were 89, who by a failure to bring in more than five records or to be observed for more than five months, were considered uncooperative: and the patients of these groups have been excluded in an appraisal of the treatment.

Of the remaining 118 patients, 45 became healthy, in as much as they were free of pain and swelling in the joints, and enjoyed a normal sphere of activity, and 73 became better. Some of these became healthy subsequently by more prolonged treatment; and 7 of this number made an attempt to learn anabolic nutrition once and failed, then took up treatment again after remaining the same or becoming worse for a year, and have improved.

When disease is relieved by the creation of an exact state of health, it is obvious that a recurrence must be prevented if the disease is to be cured.

All persons are human and are likely to digress from the even and sometimes dull tenor of healthy living; and such digressions if of short duration and infrequent, may not be injurious when a reserve of health has been established. To prevent a recurrence of disease in these former patients, it is necessary to know from time to time how well they carry out the requirements of anabolic nutrition, in order to remain healthy." - Dr Francis Lowell Burnett, S.B, M.D., Director of Health Class for Skin Diseases at the Massachusetts General & Assistant in Charge of Health Class for Arthritis at the Peter Bent Brigham Hospitals, in "The Intestinal Rate, Normal Nutrition, and Health. New Principles for the Maintenance, Restoration, and Control of Health", American Journal of Digestive Diseases and Nutrition, Vol. III, Issue 7, July 1936.

Health and Sickness

"Health" is that condition of being in which the organs of the body are effectively performing' their functions, and the. blood (which contains the life principle) is equally distributed over the system. Sickness is a departure front this state of well-being, and is a condition of ill-being due to the discomfort experienced by the individual.

Sickness may be caused through a deficiency of atmospheric air breathed into the system, or by breathing air that is polluted.

The primary cause of disease, however, is obstructive material in the system arising from too much, or unsuitable food, or from excesses of various kinds, overwork, bad habits, alcoholic or syphilitic poisoning, etc., which exhausts the Vital, or life principle.

In sickness the efforts of the Vital Force are withdrawn from the processes of digestion, assimilation, etc., to the work of eliminating the obstructing material through the natural channels of the body, hence, while this is being done, it is necessary to assist nature as much as possible, and not burden the Vital Force with food while it is engaged in the important work of cleaning the body.

"Disease"' is a decaying condition of the tissues arising from the presence of obstructive material which the Vital Force has failed to eliminate; especially is this likely to be the case when poisonous and depletive drug's have been given for the purpose of combating- the efforts of the Vital Force, which the ignorant mistake for disease.

Such practices have the effect of hindering the work the Vital Force would have accomplished, and leaves the organ or organs in which the obstruction was situated in a stale of chronic disease. Disease is a pathological change in the tissues of the affected part; in other words, the tissue is partly dead. A symptom of disease should be regarded as an outward and visible sign or expression of impending or actual disease; diarrhoea, profuse perspiration, coughs, etc., although they cannot always be classed as actual diseases, yet are evidences of the presence of foreign material in the system which is the provoking cause of disease. The symptom should be regarded as the effort of the Vital Force

to expel or eliminate the offending material. Death occurs when the obstructive material tills the decaying tissues and the blood stream, to the exclusion of atmospheric air. Then the spirit or life-principle leaves the body and returns to God, who gave it.

Signs of Sickness

The first sign of approaching sickness is loss of appetite, which is an evidence that food is not wanted till the tissues or channels of elimination are clear of the material which obstruct them. In this condition the vital force is provoked to increased action in eliminating the offending material, this action is known by the term fever, because of burning or inflammatory or unnatural beat engendered by the excess of material to be dealt with. This beat, if allowed to continue, burns the tissues, and is the preliminary lo the incipient stage of disease. Thirst accompanies fever; it is the call of the Vital Force for pure water to thin down the material, so that the work of elimination may be made easier. Water impregnated with Lemon Juice and other Fruit Juices is especially useful in fever conditions, because it acts on the materials by chemically dissolving them.

The juices from herbs having relaxing and aromatic properties are also useful, as they:

1. Relax the tissues which are abnormally contracted by these dry conditions.
2. Kill parasites arising out of this unclean condition, or bacteria inbreathed from the air.

No solid food is required till the increased action subsides and appetite returns,which is evidence that the Vital Force has been, successful in safeguarding health against disease by means of the various agents given to it.

It is, needless to say, common sense dictates rest, warmth, and pure air as conditions absolutely necessary to the successful treatment of sickness externally, and that the ordinary meals, should be entirely suspended till appetite returns.

Food should, then be taken very moderately till the tissues resume their natural tension after the relaxation they have undergone. This, may be accelerated by the employment of suitable Tonic Herbs." - Dr W. H. Webb, MD, in "Standard Guide to Non-poisonous Herbal Medicine", 1916.

Measurements

Oj. = 1 pint
ʒviij. = 8 troy ounces
ʒss. = ½ drachm
♏j = 1 minim
gtts. ij. = 2 drops
grs. x. = 10 grains

Weight and volume tables from the U.S. Dispensatory, 1876

Chapter 30

Flavonoids

"The Rice plant has between 32,000 and 56,000 functional genes. Humans genome is estimated to have between 30,000 and 45,000 functional genes. In other words, plants are at the genetic level, more complicated than the Human Body."

Flavonoids
1931 to 1955

We have seen up to now, how plants have an amazing therapeutic healing effect upon the human body-forces.

Probably the first record of physiological activity was that of H. Koike in "Pharmacological Investigation on the Flavone Compounds, Particularly on their Diuretic Activity", Folia Pharmac. Japan, 1931, on the diuretic effect of 7 flavonoids.

> *"In 1936, while studying citrus fruits, Ruszynak and Szent-Györgi, isolated 2 compounds currently classified to flavonoids: Hesperidin and Rutin." - Wiestaw Wiczkowski, Mariusz K. Piskuta, in "Food Flavonoids", Polish Journal Food Nutricion Science, 2004.*

In 1955 Prof. John James Willaman, M.S., PhD, Head Biochemical Division, U.S. Department of Agriculture, published a research article entitled "Some Biological Effects of the Flavonoids", in the "Journal of the American Pharmaceutical Association", Scientific ed., Vol. 44, Issue 7.

The article started with the following statement:

> *"There are known at present (July 1955) at least 137 natural flavonoids, occurring in at least 62 families, 153 genera, and 277 species of plants. About 33 different types of physiological and biochemical activities have been reported for one or another of 30 of these flavonoids. This paper summarizes these activities and what is known about the relation of structure to such activities. It is suggested that this is a fruitful field for further research."*

Types of Biological and Chemical Activity Reported for Flavonoids

1. Estrogenic
2. Bactericidal
3. Spermicidal
4. Tumour reduction
5. Oxido-reduction of cytochrome c
6. Toxic to grapefruit albedo
7. Toxic to fish
8. Anthelmintic
9. Heart stimulant
10. Heart depressant
11. Diuretic
12. Strengthening of capillaries
13. Protective against irradiation
14. Contraction of uterus
15. Inhibition of muscle action
16. Potentiation of epinephrine
17. Hypotensive
18. Hypertensive
19. Inhibition of antibiotic
20. Inhibition of bactericides
21. Inhibition of oxidation in fat
22. Activation of enzymes
23. Inhibition of enzymes
24. Gynotermone
25. Reduction of iodine in thyroid
26. Antihistamine
27. Sparing of ascorbic acid
28. Increase of respiratory movement
29. Antivirus
30. Cathartic
31. Protection against frostbite
32. Increase in alkaline reserve
33. Protection of islets of Langerhans

Effects

A variety of effects on certain animal and plant tissues have been reported: reduction of a tumor; stimulation of the

heart and the opposite; strengthening of capillaries, the so-called vitamin P effect; contraction of uterus; inhibition of muscle action; reduction of iodine in the thyroid; increase in respiratory movement; necrosis in grapefruit albedo; protection against frostbite; increase in alkaline reserve; protection of islets of Langerhans on diets low in ascorbic acid.

Some other effects have been noted: reduction of cytochrome c; diuretic action; protection against x-rays and radium; and possibly against ultraviolet light in plants; potentiation of epinephrine; antioxidant in fat; activation of enzymes; inhibition of enzymes; protection against histamine shock; sparing of ascorbic acid.

The question naturally occurs as to whether, in these biological manifestations, it is the aglycone or the glycoside as a whole which is active.

Some comparisons are reported, and apparently the answer is that sometimes it is the one, sometimes the other, sometimes either one. Thus, against virus, rutin was more active than its aglycone, quercetin.

In inhibiting the bacteriostatic action of dicoumarol the decreasing order of activity was rutin, quercitrin, and quercetin.

In protection against x-rays rutin seemed to be effective and quercetin ineffective.

On the other hand, in inhibition of histidine decarboxylase only aglycones were effective. In correcting capillary fault both rutin and quercetin are active, but the latter is more generally effective.

In inhibition of hyaluronidase and in spermicidal effects the aglycones were more active than the glycosides. In causing deterioration in grapefruit albedo naringenin was 1,000 times as active as naringin.

Note on Vitamin P

Vitamin P are bioflavonoids, regarded collectively as a vitamin. Thus Flavonoids where referred to as Vitamin P

from the mid-1930s to mid 1955. From 1955 onwards the term bioflavonoids was used more commonly, some authors kept using the Vitamin P term.

Health Effects of Flavonoids

Health Effect	Flavonoid
Cancer	Extracts of Euphorbia peplus
	Apigenin
	Silymarin
	Cranberry and grapefruit
	Anthocyanin and cyanidin
	Deguelin
	Flavopiridol
Immune modulators	Myricetin
Scavenging of free radicals	Lycopene
Enzyme inhibitors	Catechin

	3-Furanyl analogs of toxoflavine
Hormone actions	Glyceollins
Hypertension and microbleeding	Epicatechin
	Quercetin
Diabetes mellitus	Silymarin
	Luteolin
Allergy	Troxerutin
Cardiovascular	Stilbenes
	Flavone 8-acetic acid
	Polymethoxyflavones
Hypercholesterolemia	Phytoalexin
Neuronal disease	Quercetin
	Pomegranate
	Phloretin

Sources: Eung-Ryoung Lee, Geun-Ho Kang and Ssang-Goo Cho, in "Effect of Flavonoids on Human Health: Old Subjects but New Challenges", 2007.

The Never Ending Number of New Flavonoids

1955

"There are known at present at least 137 natural flavonoids, occurring in at least 62 families, 153 genera, and 277 species of plants." - John James Willaman in "Some Biological Effects of the Flavonoids", in the "Journal of the American Pharmaceutical Association" (Scientific ed.) Vol. 44, Issue 7.

1957

In the JAMA edition of 10 August of 1957 the mentally retards at the "Journal American Medical Association" using the mouth piece of a very misleading mind going by the name of William N. Pearson, Ph.D., Nashville, Tenn.

"Flavonoids in Human Nutrition and Medicine" published the following:

"As the matter now stands, there is no convincing evidence that any member of the flavonoid series is a required dietary nutrient for any known species. This was recognized in 1950 when the Joint Committee on Biochemical Nomenclature of the American Society of Biological Chemists and the American Institute of Nutrition recommended that the term "Vitamin P" no longer be employed.

Summary

The high hopes once held for the flavonoids as important metabolites have not materialized. Instead, present knowledge indicates that, while they possess mild pharmacological properties under certain conditions, the flavonoids have no known nutritional functions. They cannot be regarded as essential nutrients. Those workers who claim therapeutic value for the flavonoids have not supported their claims with data obtained from well-controlled clinical studies. Until such studies are made, it must be concluded that the flavonoids are of little or no value in the treatment of disease."

1996

Over 4,000 Different Flavonoids Have Been Described

"The overwhelming epidemiological evidence for a protective effect of vegetables and fruits against cancer (Steinmetz & Potter, 1991; Block et al., 1992) has stimulated research on explanatory biological mechanisms.

An exciting hypothesis is that vegetables and fruits contain compounds that have a beneficial effect independent of that of known nutrients and micronutrients.

Flavonoids, 2-phenyl-benzo-a-pyrones, are polyphenolic

compounds that occur ubiquitously in foods of plant origin.

A multitude of substitution patterns in the two benzene rings of the basic structure occur in nature. Variations in their heterocyclic ring gives rise to flavonols, flavones, catechins, flavanones, anthocyanidins and isoflavonoids. Over 4000 different naturally occurring flavonoids have been described (Middleton & Kandaswami, 1994) and this list is still growing." - Peter C. H. Hollman, Michael G. L. Hertog & Martijn B. Katan in "Analysis and Health Effects of Flavonoids."

2014

"Flavonoids are a diverse group of plant metabolites with over 10,000 compounds that have been identified until now." - Rocz Panstw Zakl Hig 2014;65(2):79-85

Where do Health Benefits of Flavonoids Come From?

"Considerable epidemiologic evidence has indicated that flavonoid-rich diets are associated with a low incidence of chronic diseases, such as cardiovascular diseases, type II diabetes, neurodegenerative diseases, and possibly cancers.

The results show that the main functions of these targets are associated with cancers and cardiovascular and metabolic diseases.

Clusters of orthologous groups of proteins analysis indicated that most of these bacterial targets are associated with bacterial metabolism.

A large number of studies on flavonoids focused on their free radical-scavenging potentials because reactive oxygen species are critical participants in the pathogenesis of chronic diseases, and flavonoids are strong antioxidants in

vitro.

Flavonoids may be beneficial via regulating the metabolism of gut microbiota.

In particular, the accumulating evidence indicates that gut microbiota may have an important role in the pathogenesis of metabolic diseases, including CVDs and type II diabetes by inducing low-grade, systemic and chronic inflammation.

Flavonoids can be present in high amounts in the gastro-intestinal tract and exert antioxidant effects in the stomach and intestine.

Since gut microbiota is important for brain development and behaviour, flavonoids may exert indirect effects on the brain through affecting the metabolism of gut microbiota." - Ming-Feng Lu, Zheng-Tao Xiao and Hong-Yu Zhang in "Where do health benefits of flavonoids come from? Insights from flavonoid targets and their evolutionary history" 2013.

"Entitling the book "Vitamin C, Infectious Diseases, and Toxins: Curing the Incurable" (2002), I don't aim to be inflammatory, I just aim to be accurate, we're very reluctant in medicine to use the word cure, because then, we have so many naysayers that want to come along and say: Oh you're providing false hope! Well, where a cure has been clearly provided for a specific disease, repeatedly with a specific therapy and you don't use the word cure, you're doing even greater harm." - Dr Thomas E. Levy, MD

Chapter 31

The Case of Elvis Presley
What took his life at 42?

The Tennessee Medical Board investigated the case and found that Elvis Presley, was prescribed by Doctors of Medicine, in the first 8 months of 1977 more than 10,000 doses of Narcotics, Amphetamines and Sedatives:

Codeine
Valium
Morphine
Demerol

"We didn't realize until the autopsy that his constipation was as bad. We just assumed that the constipation was secondary to the medication that he was taking for his arthritic pain and for his insomnia." Loss of good bowel movement; "Usually you pass it all in 2 or 3 days, but at the autopsy we found stool in his colon which had been there for four or five months because of the poor motility of the bowel." According to Dr. Nick Nichopoulos, MD, who acted as Elvis's personal physician for the last 12 years of his life, the autopsy revealed that Presley's colon was 5 to 6 inches in diameter (whereas the normal width is 2 to 3 inches) and instead of being the standard 4 to 5 feet long, his colon was 8 to 9 feet in length." - in "Fox News", 5 May 2010.

"You can get a good sense of what it looked like by reading the autopsy section of "The Death of Elvis".

"As Florendo cut, he found that this megacolon was jam-packed from the base of the descending colon all the way up and halfway across the transverse colon. The impaction had the consistency of clay and seemed to defy Dr Florendo, MD efforts with the scissors to cut it out." Dr. Nick Nichopoulos, MD was at the autopsy and remembers the moment. The clayey material, he says, was barium, administered to prep Presley for a set of X-rays–taken four months earlier. "That barium was, just like a rock." He says the impaction obstructed at least 50 to 60% of the diameter of Presley's colon.

A physician named Pillore, writing in 1776, describes an autopsy he performed on a patient whose small intestine was so weighed down by the two pounds of mercury that had collected in a lump, that a loop of the organ had stretched and sunk down into the pelvis. The man died a month later. Between the mercury, the unresolved obstruction, and the taffy-pulled gut, it's anyone's guess

what ultimately did him in." - Mary Roach, in "Gulp, Adventures on the Alimentary Canal", 2013.

In 1994, coroner Dr. Joseph Davis, MD reopened the Presley autopsy and stated: "There is nothing in any of the data that supports a death from drugs."

Toxic Effects of Tranquillisers

"Any of the phenothiazine compounds may produce extra- pyramidal effects in susceptible persons.

The symptoms are of 2 types, hypokinetic and hyperkinetic. In the hypokinetic group, a parkinson-like syndrome (tremors, rigidity, postural abnormalities, shuffling gait, and excessive salivation) develops insidiously and its severity is related to dose and duration of treatment.

It is increased by the presence of brain disease and is twice as common in women as in men.

In the hyperkinetic group, the muscles about the face and neck are most commonly involved, with perioral spasms, protrusion of the tongue, difficulty in speech and swallowing, oculogyric crises, torticollis, hyperextension of the neck and trunk, profuse sweating, pallor, and fever. This distressing syndrome may occur in children and young adults at the beginning of treatment with the piperazine derivatives of phenothiazine. The symptoms usually subside spontaneously when the drug is withdrawn.

Irreversible dyskinesias involving the mouth, face, tongue, and jaw have developed insidiously after protracted administration of some phenothiazine drugs.

A similar irreversible syndrome has been described in women who had brain damage, and had been treated with phenothiazine derivatives for periods ranging from 18 months to 5 years.

Large doses may increase the frequency of seizures in patients with brain injury or epilepsy.

Postural hypotension and skin disorders are more commonly caused by the dimethylaminopropyl and piperidyl compounds than by the piperazine group.

Of the toxic reactions, blood dyscrasias, although not frequent, are the most serious complications arising from the use of phenothiazine compounds; the most common are leucopenia and eosinophilia; thrombocyto- icnic and non-thrombocytopenic purpura; laemolytic anaemia and hypoplastic anaemia have also been reported.

Jaundice of the obstructive type is a well-known but uncommon complication of chlorproma-zine therapy; it has also been reported with promazine, pecazine, and fluopromazine; it has a lower incidence with the piperazine group.

If the phenothiazine compound is discontinued on the first signs of jaundice the condition clears up in 2 to 4 weeks in most patients. Sometimes, however, it may persist for several months and, on rare occasions, has been fatal.

Orthostatic hypotension results from the adrenergic blocking action of the phenothiazine compounds.

Opacities of the lens and cornea have been reported after prolonged high dosage of some phenothiazine derivatives.

Side-effects produced by the minor tranquillisers are, in general, less frequent and less severe than those which may occur with the phenothiazine derivatives.

They include skin rash and other signs of idiosyncrasy, dryness of the mouth, dizziness, drowsiness, ataxia, headache, gastro-intestinal disturbances, nausea, and vomiting. Jaundice and blood dyscrasias have rarely been reported. Among the most dangerous toxic effects are agranulocytosis, hypotension and vascular collapse, increased liability to thrombosis, hepatic dysfunction, convulsions, and depression; these toxic effects are commoner with the dimethyl subgroup.

A survey of the toxicity and side-effects of tranquillisers was made on 968 cases reported over a 17-month period to the National Clearing House for Poison Control centres.

Of 180 cases due to compounds with a propyl-dimethylamino subgroup (including 122 due to chlorpromazine and 51 to promazine), there was depression of the central nervous system in 44%, 14 instances of coma, 3 of convulsions, 2 of extrapyramidal effects, 3 of nausea and

vomiting, and 2 of hypotension. Of 191 cases due to compounds with a propylpiperazine subgroup (49 due to trifluoperazine, 95 to prochlorperazine, and 33 to perphenazine), there were 15 cases of extrapyramidal effects, 16 of nausea and vomiting, and 1 of hypotension.

Poisoning occurred in 7 cases with a tranquilliser containing a methylpiperidyl subgroup. Of 276 cases of poisoning with meprobamate there was depression of the central nervous system in 49 %, relaxation of skeletal muscle, and 40 cases of coma; convulsions occurred in 3 patients and hypotension in 2. In 43 cases involving chlordiazepoxide, depression of the central nervous system occurred in 40 % and coma in 2 cases.

Among 43 cases involving hydroxyzine there was depression of the central nervous system in 7% but no coma or convulsions. Sudden deaths are reported in 6 psychiatric patients taking fairly large doses of phenothiazine derivatives, the drugs implicated being chlorpromazine, prochlorperazine, trifluoperazine, and thioridazine.

The characteristic symptoms were a seizure followed by failure of heart-beat and respiration.

Irreversible dyskinesias (grimacing of the mouth, tongue, and jaw) developed in 13 women, ranging in age from 56 to 84 years, who had received a phenothiazine drug (either chlorpromazine, trifluoperazine, promazine, prochlorperazine, perphenazine, or thioridazine) for periods varying from 18 months to 5 years. All the affected persons had brain damage and were demented to some degree." - in "Martindale, Extra Pharmacopoeia", 25th Ed., 1967

Meprobamate

Meprobamate, marketed as Miltown, Equanil, among other names.

> *"Meprobamate is used to treat anxiety disorders or for short-term relief of the symptoms of anxiety in adults and children 6 years of age and older. Meprobamate is in a class of medications*

called tranquilizers." - in Medlineplus.gov, 15 April 2019.

Toxic Effects

"Many patients show idiosyncrasy to meprobamate, the symptoms of which are erythematous rashes with pruritus, petechiae, oedema, arthralgia, anorexia, bronchospasm, nausea, vomiting, diarrhoea, headache, chills, and fever. Large doses produce dizziness, drowsiness, ataxia, fainting, hypotension, coma, convulsions, and muscular flaccidity. Suicide attempts with meprobamate are not infrequent; acute poisoning produces stupor, coma, and respiratory and circulatory collapse. There is a serious addiction risk with typical withdrawal syndrome characterised by degrees of insomnia, vomiting, tremors, muscle twitching, anxiety, anorexia, ataxia, and, sometimes, epilepsy.

Addiction

Among the 576 patients admitted to a hospital in one year, 35 were drug addicts and 13 of these were addicted to meprobamate in doses of 6 to 20 tablets a day.

Hypotension

Fatalities have been reported after excessive ingestion of meprobamate and hypotension has been recorded after therapeutic amounts and in cases of poisoning with the drug.

Coma

A case of coma, with persistent arterial hypotension, is described in a woman of 34, alter taking 22 tablets (8-8 g.).

Withdrawal Symptoms

Death

A 38-year-old man who became addicted to meprobamate reached an estimated dosage of 10 g. daily. On withdrawal of the drug in hospital he developed fever, sweating, tremors, slurred speech, and later, repeated grand mal convulsions. Oliguria finally ensued, the blood-pressure fell,

and he died 68 hours after admission.

Became Epileptic

A 44-year-old woman with no previous history of epilepsy had been taking 18 to 20 Deprol tablets (each containing meprobamate 400 mg. and benactyzine hydrochloride 1 nig.) daily. When treatment was withdrawn she went into status epilepticus." - in " Martindale, Extra Pharmacopoeia", 25th Ed., 1967.

Adverse Effects and Treatment

"Drowsiness is the most frequent adverse effect of meprobamate. Other effects include nausea, vomiting, diarrhoea, paraesthesia, weakness, and Central Nervous System effects such as headache, paradoxical excitement, dizziness, ataxia, and disturbances of vision. There may be hypotension, tachycardia, and cardiac arrhythmias. Hypersensitivity reactions occur occasionally. These may be limited to skin rashes, urticaria, and purpura or may be more severe with angioedema, bronchospasm, or anuria.

Erythema multiforme or Stevens-Johnson Syndrome, and exfoliative or bullous dermatitis have been reported. Blood disorders including agranulocytosis, eosinophilia, leucopenia, thrombocytopenia, and aplastic anaemia have occasionally been reported." - in "Martindale, The Complete Drug Reference", 36th Ed., 2009.

Stevens-Johnson Syndrome

"Stevens-Johnson Syndrome early symptoms include:

Fever and flu-like symptoms, the skin then begins to blister and peel off, forming open painful raw areas. Mucous membranes, such as the mouth, are also involved.

Complications include: Dehydration, sepsis, pneumonia, and multiple organ failure. The most common cause is certain medications such as lamotrigine, carbamazepine, allopurinol, sulfonamide antibiotics, and nevirapine." - in Wikipedia, 2019.

Chapter 32

"Given Prescribed Medication, is estimated to be the 3rd most common death globally, after Heart Disease and Cancer, we

need to take the marketing of dodgy data, very seriously." *- Dr Aseem Malhotra, MD, 2019.*

Medicine Means: Any Poison for Therapeutic Use

"In Australia, the legislative instrument produced by the "Therapeutic Goods Administration: Standard for the Uniform Scheduling of Drugs and Poisons", was renamed in 2010 to: "Standard for the Uniform Scheduling of Medicines and Poisons", placing a more accurately apt and descriptive defining name.

The Poisons Standard March 2018

"The Poisons Standard March 2018, consists of the Standard for the Uniform Scheduling of Medicines and Poisons (the Standard, or the SUSMP), is made under paragraph 52D(2)(b) of the Therapeutic Goods Act 1989. For definitions of specific terms used in this document including "medicine" and "poison" (Noting that: The definition of poison includes medicine).

Classification

Poisons are classified according to the Schedules in which they are included. The following is a general description of the Schedules.

1. This Schedule is intentionally blank.

2. Pharmacy Medicine: Substances, the safe use of which may require advice from a pharmacist and which should be available from a pharmacy or, where a pharmacy service is not available, from a licensed person.

3. Pharmacist Only Medicine: Substances, the safe use of which requires professional advice but which should be available to the public from a pharmacist without a prescription.

4. Prescription Only Medicine, or Prescription Animal Remedy: Substances, the use or supply of which should be by or on the order of persons permitted by State or Territory legislation to prescribe and should be available from a pharmacist on prescription.

4. Caution: Substances with a low potential for causing harm, the extent of which can be reduced through the use of appropriate packaging with simple warnings and safety directions on the label.

6. Poison: Substances with a moderate potential for causing harm, the extent of which can be reduced through the use of distinctive packaging with strong warnings and safety directions on the label.

8. Controlled Drug: Substances which should be available for use but require restriction of manufacture, supply, distribution, possession and use to reduce abuse, misuse and physical or psychological dependence.

Poisons for therapeutic use (medicines) are mostly included in Schedules 2, 3, 4 and 8 with progression through these Schedules signifying increasingly restrictive regulatory controls.

> *"Medicine" means any poison for therapeutic use." - in "Standards for the Uniform Scheduling of Medicines and Poisons", No. 20, Australian Government, Department of Health, March 2018.*

Difference Between Remedies and Medicines

"Not until medical science has gotten indigestion from synthetic chemical medications, and has experimented with all the organs of laboratory animals, will it return to man's oldest remedies, medicinal plants" - Professor Dr Alexander Tschirch, co-founder of the Science of Pharmaceutical Biology.

There is in Nature, an Antidote for every poison, indeed this is true, for every ill, in Nature there is a source for its cure! No synthetic drug is as good as the real thing! It may be used as a substitute, but is a substitute ever as good as the best which Nature provides! There may be a substitute made synthetically, but none with all the qualities or actions found in the source of the original plant.

For any synthetic drug to have some kind of real useful application, there must be to it, added a plant base, for such properties in the synthetic drug to have a similar effect. A synthetic drug may be made, or its substitute, yet without the full effects as seen in the actual plant base properties themselves.

"Drugs never cure disease: they can only constitute a means to that end; Nature is the True and only Healer. Much of so-called drug treatments is akin to the faith healing method. And not infrequently a drug may cause ache or pain to disappear – but this is dangerous, for such a symptom is but the outward sign of disease, and merely to remove the symptom and leave the fundamental cause untouched is to court disaster. It is easy to be so lured into a false security while the disease progresses obstructively until the time comes when the drug cannot control the symptoms". - Dr George Somerville, MD, Deputy Medical Superintendent in "The Hygiene of Life, and Safer Motherhood", 1934.

"Synthetic Pharmaceutical Medicine Drugs, are not part of our Beings and are not part of our Chemistry, thus, they are a foreign substance which causes distress and provokes toxicity to the body molecular system." - Dr Hyla Cass, MD, 2016.

"Synthetic Medication is not natural, thus the body doesn't knows how to deal with it, when the body encounters in its mist something foreign and unnatural, for witch it has no receptors, the first reaction it takes is to expel it from the system. If the body cannot absorb it, it needs to expel it." - Dr Lair Ribeiro, MD, Brazilian Cardiologist who went to the USA and became Medical Director of Merck Sharp & Dohme, from 1982 to 1985 and Executive Director of Ciba-Geigy Corporation (now Novartis), from 1985 to 1990.

Medicines

Medicines are synthetic, artificial substance used and promoted by the medical trade. The body needs fresh nutritional food in order to properly function, thus the body, to heal needs proper food, if the food taken by the body are ripe and fresh then these contain that which is of medicinal value, and not synthetic medical drugs. The less medications, the better it will be for the human body; pharmaceutical drugs, those that may have any value, they act like tonics and stimulants rather than as medicines.

It is rather Nature who heals, and the body heals it self, and this is, and remains the truth.

If there is the constant dosage by the medical trade, of the constant giving or application of a synthetic pharmaceutical drug, these become at times hindrances to the body. These properties destroy, dry and cause a hindrance upon the Emunctories, then these are achieved at the expense of some other portion of the body. But if there are those activities from natures storehouse, then these will work with the Creative Energies and impulses of an organism to create and to bring about coordinating influences in the system.

Remedies

Remedies are those products which are found in nature, thus a Natural Substance which contain a specific therapeutic action.

When are remedies of usefulness: when a remedy, can by the properties that carries, produce an effect upon the functioning of the systems of the body.

And in particular that of the Emunctory System, which needs to act upon, what ever the condition may be, it is crucial that all the organs that have an Emunctory function, are working as normal as possible.

Once the blood stream, and by default the organs of the body, are clean the body has the natural ability, within self, to regenerate, thus recuperate itself.

This is a physiological well-known fact of the capabilities of recovery of the body. Remedies are those substances which appear natural in nature, and which are found to contain a specific and useful therapeutical application upon the human body.

Examples Given

The following are 2 examples from medication box leaflets, they can be found inside of any pharmaceutical medication box:

Metformin

"Information to the Patient:

1. For what is this medication indicated?

Metformin is an antidiabetic medication, used for the treatment of diabetes type 2.

2. What should I know before using this medication?

The use of this medication does not eliminate the need for a sugar-lowering diet in all cases of diabetes, as well as a

diet with a reduction of sugars and calories when there is in association, with being overweight.

3. How should I use this Medication?
This medication does not substitutes the benefits derived from a healthy life.

4. What are the ills that this medication can cause?
Like all medications, metformin can cause some unpleasant reactions."

- in "Cloridrato de Metformina", Medicamento Genérico, Lei nº 9.787, de 1999.

Enalapril

"Information to the Patient:

1. For what is this medication indicated?
To control high blood pressure, or improve your heart's performance (heart failure treatment).

2. What are the ills that this medication can cause?
Any drug may have unexpected or undesirable effects, called adverse effects. The most common side effects are dizziness, headache, tiredness, and weakness. Other side effects that occurred less frequently were impending fainting (sudden drop in blood pressure), weakness, nausea, diarrhea, cramps, rash, and cough. Another adverse reaction that may occur is a feeling of impending fainting when standing up quickly, caused by falling blood pressure.

Adverse Side Effects:

Hypersensitivity / Angioneurotic Edema: Edema: hypersensitivity / tendency to swelling (angioneurotic edema), allergic reactions with swelling of the face, lips, tongue, glottis and / or larynx and extremities have been reported rarely. In very rare cases, intestinal tissue swelling

(angioedema) has been reported with angiotensin converting enzyme inhibitors, including enalapril.

Cardiovascular: Heart attack or stroke possibly due to excessively low blood pressure in high-risk patients (patients with heart and / or brain blood flow disorders), chest pain, heart rhythm disturbances, palpitations, angina pectoris, in the fingers or toes (Raynaud's phenomenon).

Endocrine: syndrome of inappropriate antidiuretic hormone secretion (SIADH).

Gastrointestinal: intestinal obstruction (paralytic ileus), inflammation of the pancreas, liver failure, inflammation of the liver, jaundice, abdominal pain, vomiting, indigestion, constipation, loss of appetite, inflammation of the mucosa of the mouth with ulcerations (stomatitis).

Nervous / Psychiatric Systems: depression, mental confusion, drowsiness, difficulty sleeping, nervousness, tingling or numbness of the hands or feet, dizziness, abnormalities in the dream pattern.

Metabolism

There have been reports of decreased blood sugar (hypoglycemia) in diabetic patients receiving oral anti-diabetic agents or insulin.

Respiratory

Abnormal accumulation of material in the lungs (pulmonary infiltrates), narrowing of the airways (bronchospasm / asthma), difficulty breathing, coryza, sore throat and hoarseness.

Skin

Intense perspiration, severe skin reactions, itching, hives, hair.

Other

Impotence, flushing (sudden redness of the skin, especially on the face, neck and upper chest), taste disturbance, ringing in the ears, inflammation of the tongue mucosa (glossitis), blurred vision. A symptomatic complex has been reported which may include some or all of the following symptoms: fever, inflammation of serous membranes (serositis), inflammation of blood vessels (vasculitis), muscle and joint pain (myalgia / myositis, arthralgia / in some laboratory tests (positive antinucleus factor, elevated HSV, eosinophilia and leukocytosis). Rashes, photosensitivity, or other skin manifestations may occur." - in "Enaplex, maleato de enalapril", 15 March 2016.

Constipation and its Consequences of Tragic Import

"The most common pitfall in the management of the patient with vascular disease is the neglect of those clinical factors which contribute to increased exertion during bowel function, 7 deaths were reported which occurred either during or immediately after bowel function.

Other circulatory problems encountered were disturbances of the cardiac circulation, cerebrovascular accidents, changes in the pulmonary circulation and peripheral vascular accidents.

The circulation through the heart was most often influenced, with the cerebral circulation, pulmonary circulation and peripheral vascular system accidents ranking in decreasing order.

Virtually all of the patients involved were constipated and the vascular accidents described were most often associated with straining at stool.

Another factor contributory to constipation is inactivity or bed rest. The most important influence in the development of constipation in these patients is the drugs used to treat the major disease.

Constipation-inducing agents most often included in the therapeutic regimen of the cardiovascular patient were

narcotics, antihypertensives, ganglionic blocking agents and tranquilizing drugs.

In addition, a wide variety of compounds in general medical use were similarly implicated as leading to Constipation.

Drugs Implicated by 124 Physicians in the Production of Constipation

Narcotics.....45%
Antacids.....29%
Anticholinergic agents.....25%
Antihistamines, Amphetamine, Diuretics, Vasodilating drugs, Sympathomimetic agents, Aspirin, Iron compounds, Diagnostic X-ray Media.....25%
Antihypertensive drugs.....20%
Ganglionic blocking agents.....15%
Tranquillizers.....11%
Sedatives and Hypnotics.....5%
Special Diet.....3%

Drug-Induced Constipation

Narcotics.....100%
Ganglionic blocking agents.....93%
Anti-obesity diets and drugs.....86%
Sympathomimetic agents.....60%
Antacids.....40%
Anticholinergics.....24%
Barbiturates.....24%
Tranquilizers.....20%

Results

Drug-induced constipation was found to occur over the range of 100% (for patients treated with narcotics) to 20% (for those patients receiving tranquilizing agents). Ganglionic blocking agents, antiobesity diets and drugs and sympathomimetic drugs ranked in decreasing order to narcotics as agents inducing Constipation.

Constipation appeared after 2 days of therapy among the group receiving narcotics and after 3 to 6 weeks of anticholinergic therapy but most often after 1 to 2 weeks of drug therapy. Of the over-all group studied, 190 patients (74.5%) became constipated in the course of the study.

Since the patients in this series generally presented one major variable in their normal routine (i.e., that of the medication) it may be assumed that this was the principle contributing factor." - Dr Shaftel, MD in "Mitigating the Destructive Aspects of Drug-Induced Constipation On the Vascular System", October 1960.

Drug Side Effects are Important Causes of Constipation in Elderly Patients

"Such constipation probably develops as a result of direct drug action on modifying intrinsic neurohumeral control of colonic muscular contraction.

For example, autonomic drugs alter both colonic slow-

wave activity and the frequency of spike bursts.

Parenteral administration of acetylcholine causes contraction of the right colon and reduces contractile activity in the left colon.

This situation enhances movement of colon contents caudally. In contrast, anticholinergic drugs reduce colonic segmentation activity and thereby tend to reduce caudal flow of stool. Constipation is thus a common consequence of drugs with anticholinergic action.

When b-receptors are blocked, as occurs with many drugs such as propranolol, epinephrine then causes colonic contraction.

Sedentary elderly patients who take only bulk-forming drugs for their constipation may develop a soft but very large mass of faeces in the descending and sigmoid colon that is difficult to pass." - Dr Kenneth A. Conrad, MD, Dr Rubin Bressler, MD in "Drug Therapy for the Elderly", 1982.

"Opioid use is often complicated by Central Nervous System and Gastrointestinal Adverse Events: Constipation, Abdominal Pain/Bloating, Reflux, and Decreased Appetite. Opioid use affect a large number of US adults, with constipation being the most prevalent and persistent over time." - in "Constipation is a predominant side effect of opioid treatment for persistent pain", 2006.

Effect of Drugs on Colon Motility

"Barbiturates, such as sodium amytal and phenobarbitone, appear to have no significant effect on motility; the analgesics morphine, codeine and pethidine all reduce motor activity to some degree, as do the ganglion-blocking agents such as mecamylamine and pempidine. Other drugs inducing constipation include the aluminium antacid preparations; an excess of hydrosorptive bulking agents such as psyllium, anticholine drugs such as atropine

and belladonna; artane, and some diuretics such as cholorothiazide.

A number of these reactions were demonstrated by Grace et al (1952) when they studied 4 subjects with colonic fistulae Clinical evidence of such reaction is also given by Shaftel "Mitigating the destructive aspects of drug-induced constipation on the vascular system" 1960, in his study of patients with no previous history of constipation who were given drugs that were known and accepted by a large panel of physicians to be constipating.

After periods of from 2 days to 2 weeks, depending on which drugs were being taken, 57% of these patients needed laxatives. Narcotics and the ganglion-blocking agents were found to cause constipation most frequently.

Dangers of Constipation

Halpern in "The Straining Forces of Bowel Function" 1960, demonstrated the effects of straining at stool on e intra-abdominal and intra-thoraeic pressures, heart rate, electro-cardiogram, venous return and mobilization of clots, from which it was concluded that serious results could ensue from constipation Berman in "The Cerebrovascular Dynamics of Bowel Function" 1960, found that circulatory stasis resulted during straining which was sufficient to Produce anoxic changes in the cortical cells, a particular danger to patients with cerebro-vascular disease.

Halpern's experiments showed the effect of raised intra-abdominal pressures due to bowel straining both in normal and constipated subjects. The frequency of straining by normal subjects increased during a single defaecation by about 50%; constipated subjects strained about 60% more often during a single bowel movement than did those in the normal group when using a commode. Intensity and duration of straining was more pronounced among those suffering from constipation.

When reviewing 6,700 autopsy reports in an American hospital, McGuire (1950) found that all patients who died

unexpectedly while using a bed-pan already had serious organic heart disease. Scott and Saucetta in "Stokes-Adams Attacks Induced by Rectal Stimulation in a Patient with Complete Heart Block" 1950, reported that Stokes-Adams attacks (fainting spell with intermittent heart block, or arrhythmia that results in loss of circulation of blood to the brain) in a woman aged 62 were caused by straining at stool." - Leslie Wright, SRN in "Bowel Function in Hospital Patients", 1974.

Questions

Knowing this, the following question then arise:

- Is there anyone reading this leaflets, inside the drug medication boxes?

The second question is:

- Is anyone (after reading the leaflet inside of the drug medication box), still be willing, and go ahead in popping one of these nasty, and side effect causing pills down their throats? Knowing by written warning, that it will eventually happen to them, if they so proceed.

"Why should a patient swallow a poison because he is ill, or take that which would make a well man sick? Such practice has neither philosophy or common sense to recommend it. In sickness the body is already loaded with impurities; that is why it is ill. By taking drug medicines more impurity is added thereby, and the case is further embarrassed and harder to cure." - Dr Elmer Lee, AM, MD, Past Vice President, Academy of Medicine in "Guideposts to Health and Vigorous Long Life", 1965.

"Our figures show approximately 4,500,000 hospital admissions annually due to the adverse reactions to drugs. Further, the average hospital patient has as much as 30% chance, depending how long he is in of doubling his stay due to adverse drug reactions." - Dr. Milton Silverman, MD, Professor of Pharmacology, University of California.

How Medicine Poisoned My Mother to Death

"Some years ago I heard Mr Thomson say in a lecture: "Recently a woman died in a London hospital as a result of inhaling asbestos dust 26 years ago. The fact that this one woman died after such a time-lag had a splendid press: all the newspapers commented upon it. Had that woman died from any orthodox form of medicine no newspaper would have mentioned the occurrence." - James F. Carswell, in "Nature Cure from the Inside", 1953.

Prophetic Words

"As a retired physician, I can honestly say that unless you are in a serious accident, your best chance of living to a ripe old age is to avoid doctors and hospitals and learn nutrition, herbal medicine and other forms of natural medicine unless you are fortunate enough to have a naturopathic physician available.

Almost all drugs are toxic, and are designed only to treat symptoms and not to cure anyone.

Vaccines are highly dangerous, have never been adequately studied or proven to be effective, and have a poor risk/reward ratio.

Most surgery is unnecessary and most textbooks of medicine are inaccurate and deceptive.

Almost every disease is said to be idiopathic (without known cause) or genetic - although this is untrue.

In short, our main stream medical system is hopelessly inept and/or corrupt.

The treatment of cancer and degenerative diseases is a national scandal. The sooner you learn this, the better off you will be." - Dr Allan Greenberg, MD, online forum posting, using his email address (entry verified by use of archive.org), 24 December 2002.

> *"A poison is any substance which, acting directly through its inherent chemic properties, and by its ordinary action, is capable of destroying life, or of seriously endangering health, when it is applied to the body, externally, or in moderate doses (to 50 Gms.) internally." - Dr Torald Sollmann, MD in "A text-book of Pharmacology and some allied sciences, therapeutics, materia medica, pharmacy, prescription-writing, toxicology", 1906.*

List of Medical Trade Drugs and Their Side Effects

The Polypharmacy Drugs Given to my Mother:

1. Dipyrone (Metamizole)

Side Effects: Metamizole has a potential of blood-related toxicity (blood dyscrasias), agranulocytosis, aplastic anaemia, hypersensitivity reactions (anaphylaxis and bronchospasm), Toxic Epidermal Necrolysis (TEN) and it may provoke acute attacks of porphyria. Toxic Epidermal Necrolysis (TEN) is a type of severe skin reaction together with Stevens–Johnson syndrome it forms a spectrum of disease, with TEN being more severe. Banned in several countries, withdrawn in Sweden 1974, and in the USA 1977.

2. Phenytoin

Side Effects: Nausea, stomach pain, loss of appetite, poor coordination, increased hair growth, and enlargement of the gums, sleepiness, liver problems, bone marrow suppression, low blood pressure, toxic epidermal necrolysis, hypertrichosis, Stevens-Johnson syndrome, purple glove syndrome, rash, exfoliative dermatitis, itching, and coarsening of facial features can be seen in those taking phenytoin.

3. Ranitidine (Zantac)

Side Effects: Headaches and pain or burning. Serious side effects may include liver problems, a slow heart rate, pneumonia, and the potential of masking stomach cancer. It is also linked to an increased risk of Clostridium difficile colitis. Malaise, dizziness, somnolence, insomnia, and vertigo. In severely ill, elderly patients, cases of reversible mental confusion, agitation, depression, and hallucinations have been reported.

"On 13 September 2019, the FDA announced that preliminary tests found low levels of N-nitrosodimethylamine (NDMA) a probable human carcinogen (a substance that could cause cancer) in ranitidine." - in "health.harvard.edu", 8 September 2019.

4. Lumigan (Bimatoprost)

Side Effects: Red eyes, dry eyes, change in colour of the eyes, blurry vision, and cataracts.

5. Timolol

Side Effects: Irritation of the eye, tiredness, slow heart beat, itchiness, and shortness of breath.

6. Atorvastatin (Lipitor)

Side Effects: Joint pain, diarrhoea, heartburn, nausea, and muscle pains, rhabdomyolysis, liver problems, and diabetes.

7. Hydrochlorothiazide
Side Effects: Poor kidney function, electrolyte imbalances including low blood potassium and less commonly low blood sodium, gout, high blood sugar, and feeling lightheaded with standing.

8. Acetazolamide (Diamox)
Side Effects: Numbness, ringing in the ears, loss of appetite, vomiting, and sleepiness.

9. Alprazolam (Xanax)
Side Effects: Sleepiness, depression, headaches, feeling tired, dry mouth, and memory problems.

10. Nefersil (Clonixin lysine)
Side Effects: Discomfort, stomach pain, fullness or heartburn, nausea, vomiting, diarrhoea and intestinal bleeding.

11. Losartan (Cozaar)
Side Effects: Muscle cramps, stuffy nose, cough, and high blood potassium, angioedema, low blood pressure, and kidney problems.

12. Heparin (Unfractionated heparin)
Side Effects: Bleeding, pain at the injection site, and low blood platelets, heparin-induced thrombocytopenia.

13. Quetiapine (Seroquel)
Side Effects: Sleepiness, constipation, weight gain, dry mouth, low blood pressure with standing, seizures, a prolonged erection, high blood sugar, tardive dyskinesia, and neuroleptic malignant syndrome. In older people with dementia, its use increases the risk of death.

14. Levetiracetam (Keppra)
Side Effects: Sleepiness, dizziness, feeling tired, aggression, psychosis, suicide, and allergic reactions such as

Stevens-Johnson syndrome and anaphylaxis.

15. Captopril (Capoten)

Side Effects: Cough due to increase in the plasma levels of bradykinin, angioedema, agranulocytosis, proteinuria, hyperkalemia, taste alteration, teratogenicity, postural hypotension, acute renal failure, leukopenia, itching, headache, tachycardia, chest pain, palpitations, weakness.

16. Omeprazole (Prilosec, Losec)

Side Effects: Nausea, vomiting, headaches, dizziness, upper respiratory tract infection, cough, abdominal pain, diarrhoea, acid regurgitation, constipation, rash, increased intestinal gas, Clostridium Difficile Colitis, an increased risk of pneumonia, an increased risk of bone fractures, and the potential of masking stomach cancer.

17. Chlorphenamine (Chlorpheniramine)

Side Effects: Sleepiness, restlessness, weakness, wheeziness, drowsiness, dizziness, confusion, constipation, anxiety, nausea, blurred vision, restlessness, decreased coordination, dry mouth, shallow breathing, hallucinations, irritability, problems with memory or concentration, tinnitus and trouble urinating.

18. Dalteparin (Fragmin)

Side Effects: Haemorrhage, heparin-induced thrombocytopenia, skin reactions, thrombocytopenia, thrombocytosis, CNS haemorrhage, alopecia, hyperkalaemia, osteoporosis, priapism.

19. Diazepam (Valium)

Side Effects: Alertness decreased, anxiety, ataxia, confusion, depression, dizziness, drowsiness, dysarthria, fatigue, gastrointestinal disorder, headache, hypotension, mood altered, muscle weakness; nausea; respiratory depression, sleep disorders, suicidal ideation, tremor, vertigo, vision disorders, withdrawal syndrome, and an increased risk of seizures if used too frequently in those with

epilepsy.

20. Fentanyl (Opioid)
Side Effects: Vomiting, constipation, sedation, confusion, hallucinations, injuries related to poor coordination, decreased breathing (respiratory depression), serotonin syndrome, low blood pressure, addiction and coma.

21. Vancomycin (Antibiotic)
"Side Effects: Agranulocytosis; dizziness; drug fever; eosinophilia; hypersensitivity; nausea; nephritis tubulointerstitial; neutropenia; renal failure; severe cutaneous adverse reactions (SCARs); skin reactions; thrombocytopenia; tinnitus; vasculitis; vertigo." - in bnf.nice.org.uk, 2019.

22. Ceftazidime (Fortaz), (Antibiotic)
"Side Effects: Thrombocytosis; thrombophlebitis, Antibiotic associated colitis, Acute kidney injury, Coma; encephalopathy; jaundice; lymphocytosis; myoclonus; neurological effects; paraesthesia; seizure; taste altered; tremor." - bnf.nice.org.uk, 2019.

23. Meropenem (Merrem), (Broad-Spectrum Antibiotic)
"Side Effects: Abdominal pain; diarrhoea; headache; inflammation; nausea; pain; skin reactions; thrombocytosis; vomiting; Agranulocytosis; antibiotic associated colitis; eosinophilia; haemolytic anaemia; increased risk of infection; leucopenia; neutropenia; paraesthesia; severe cutaneous adverse reactions (SCARs); thrombocytopenia; thrombophlebitis; Seizure". - bnf.nice.org.uk, 2019.

24. Midazolam (Versed)
"Side Effects: Level of consciousness decreased; vomiting; Skin reactions; Apnoea; bradycardia; cardiac arrest; constipation; dry mouth; dyspnoea; hiccups; movement disorders; physical assault; respiratory disorders; vasodilation; Appetite increased; disinhibition (severe; with sedative and peri-operative use) (in children); fall; saliva

altered." - bnf.nice.org.uk, 2019.

25. Oftagen (Gentamicin sulfate)

"Side Effects: burning sensation and eye irritation after application, appearance of conjunctival epithelial defects and conjunctival hyperemia, appearance of pseudomembranous conjunctivitis as an adverse reaction." - in "Manual Farmacoterapéutico", MDs Ediciones.

26. Linezolid (Antibiotic)

"Side Effects: Anaemia; constipation; diarrhoea; dizziness; gastrointestinal discomfort; headache; hypertension; increased risk of infection; insomnia; localised pain; nausea; skin reactions; taste altered; vomiting; Arrhythmia; chills; dry mouth; eosinophilia; fatigue; gastritis; hyperhidrosis; hyponatraemia; leucopenia; neutropenia; oral disorders; pancreatitis; polyuria; renal failure; seizure; sensation abnormal; thirst; thrombocytopenia; thrombophlebitis; tinnitus; tongue discolouration; transient ischaemic attack; vision disorders; vulvovaginal disorder; Antibiotic associated colitis; bone marrow disorders; tooth discolouration; Alopecia; angioedema; lactic acidosis; nerve disorders; serotonin syndrome; severe cutaneous adverse reactions (SCARs)" - bnf.nice.org.uk, 2019.

27. Colistin (Polymyxin E), (Antibiotic)

"Colistin is a decades-old drug that fell out of favor in human medicine due to its kidney toxicity. It remains one of the last-resort antibiotics for multidrug-resistant Pseudomonas aeruginosa, Klebsiella pneumoniae, and Acinetobacter." - wikipedia.org

28. Fluconazole (Antifungal)

"Side Effects: Diarrhoea; gastrointestinal discomfort; headache; nausea; skin reactions; vomiting; Dizziness; flatulence; hepatic disorders; seizure; taste altered; Agranulocytosis; alopecia; dyslipidaemia; hypokalaemia; leucopenia; neutropenia; QT interval prolongation; severe cutaneous adverse reactions (SCARs); thrombocytopenia;

torsade de pointes; anaemia; appetite decreased; asthenia; constipation; drowsiness; dry mouth; fever; hyperhidrosis; insomnia; malaise; myalgia; paraesthesia; vertigo; angioedema; face oedema; tremor." - bnf.nice.org.uk, 2019.

29. Demerol (Pethidine, Meperidine), (Opioid)
"Side Effects: nausea, vomiting, dizziness, diaphoresis, urinary retention, and constipation; due to its toxic metabolite norpethidine is more toxic than other opioids." - wikipedia.org

30. Metronidazole (Flagyl), (Antibiotic)
"Side Effects: dry mouth; myalgia; nausea; oral disorders; taste metallic; vomiting; skin reactions; asthenia; headache; leucopenia; agranulocytosis; angioedema; appetite decreased; ataxia; cerebellar syndrome; confusion; diarrhoea; dizziness; drowsiness; encephalopathy; epigastric pain; epileptiform seizure (with long term or intensive therapy); flushing; hallucination; hepatic disorders; meningitis aseptic; mucositis; nerve disorders; neutropenia; pancreatitis; pancytopenia; peripheral neuropathy (with long term or intensive therapy); psychotic disorder; seizure; severe cutaneous adverse reactions (SCARs); skin reactions; thrombocytopenia; urine dark; vision disorders." - bnf.nice.org.uk, 2019.

31. Caspofungin (Cancidas), (Lipopeptide Antifungal)
"Side Effects: Arthralgia; diarrhoea; dyspnoea; electrolyte imbalance; fever; headache; hyperhidrosis; nausea; skin reactions; vomiting; Anaemia; anxiety; appetite decreased; arrhythmias; ascites; chest discomfort; coagulation disorder; congestive heart failure; constipation; cough; disorientation; dizziness; drowsiness; dry mouth; dysphagia; excessive tearing; eyelid oedema; fatigue; flatulence; fluid overload; flushing; gastrointestinal discomfort; haematuria; hepatic disorders; hyperbilirubinaemia; hyperglycaemia; hypertension; hypotension; hypoxia; induration; insomnia; laryngeal pain; leucopenia; malaise; metabolic acidosis; muscle weakness; myalgia; nasal congestion; oedema; pain;

palpitations; renal impairment; respiratory disorders; sensation abnormal; taste altered; thrombocytopenia; thrombophlebitis; tremor; vision blurred; Severe cutaneous adverse reactions (SCARs)" - bnf.nice.org.uk, 2019.

Source used for information on side effects of Medical Trade Drugs: NHS, bnf.nice.org.uk and wikipedia.org.

The Primary and Secondary Effects of Drugs

"The primary effect obtains so long as nature responds promptly to the action of the medicament, and is: Irritant, Tonic, and Stimulant. So soon as nature begins to fail in response to the medicament, the secondary effect begins. which is: Sedative, Depressant, Narcotic and Poisonous." - Dr A. M. Wilder, MD in "Transactions of the Medical Society of the State of California", 1882.

Symptoms of Poisoning and Classification of Poisons

Suspicion of poisoning is aroused if a person, previously in good health, manifests rather suddenly marked pathologic symptoms, which become rapidly worse.

1. Irritants. These produce inflammation; if they are taken by the mouth, there is pain throughout the alimentary canal, vomiting, purging, delirium, coma. Most poisons are to some extent irritant, so that these symptoms are almost universally present. The irritants can be subdivided into corrosives, which produce a direct destruction of tissues ; and simple irritants, which do not. If corrosives are taken by the stomach, the vomit is often bloody.

2. Nerve Poisons. These act on the neuromuscular apparatus, and include most of the poisons which are fatal

in minute doses. They are subdivided into: Convulsants, which cause spasms; Somnifacients, causing sleep and coma; and Cardiac poisons, which stop the heart.

3. Blood Poisons. Those which alter the hemoglobin or blood corpuscles. These include the toxic gases, the nitrites, etc. Their action is generally characterized by cyanosis. It must not be supposed that the action of a poison is confined generally to one class of structures or functions. All functions suffer directly or indirectly, and whatever the class to which the poison belongs, the final cause of death is, in almost all cases, a paralysis of respiration, preceded by the phenomena of asphyxia. In virtue of the latter, or through other causes, the urine often contains sugar." - Dr Torald Sollmann, MD in "A Text-book of Pharmacology and some Allied Sciences, Therapeutics, Materia Medica, Pharmacy, Prescription-writing, Toxicology", 1906.

In this chapter it will be given as an illustration, on the millions of cases around the world, of how Medicine Poisons individuals to Death Every Day.

> ***"Dr Mason Good said: "The effect of medicine on the human system is in the highest degree uncertain, except, indeed, that it has already destroyed more lives than war, pestilence and famine combined."*** *- Dr C. Spencer Kinney, MD, in "Auto-Intoxication, Overstrain, Exercise and Bathing", 1905.*

The Case of Ingrid Betancourt Mother

My mother was 78 years old, she was an active and independent woman, and of general good health. She had a car and would drive daily. On the 5 of August 2013, while on a routine health check up for glaucoma levels at her local hospital, she took the bus instead that day returning back home from hospital. When entering the bus, the bus driver drove away without closing the bus door, and she fell to the

pavement. She was then taken to the hospital.

Admission to Hospital

5 August 2013 (Admission day to Hospital)

Diagnosis and condition at time of entry at Hospital:
Head stroke left temporal zone Traumatic Brain Injury, complicated left temporal contusion and subarachnoid haemorrhage. The medical trade professionals also diagnosed her with "Inappropriate Antidiuretic Hormone Secretion Syndrome".

Evolution
The evolution was favourable.
The Glasgow Coma Score was 15

(The Glasgow Coma Score is scored between 3 and 15, 3 being the worst, and 15 the best)

Day 1 - Medical Trade Drugs Given

1. Dipyrone (Metamizole)
2. Phenytoin
3. Ranitidine (Zantac)

6 August 2013

Day 2 - Medical Trade Drugs Given

1. Dipyrone (Metamizole)
2. Phenytoin
3. Ranitidine (Zantac)
4. Lumigan (Bimatoprost)
5. Timolol

7 August 2013

Day 3 - Medical Trade Drugs Given

2. Phenytoin
3. Ranitidine (Zantac)
4. Lumigan (Bimatoprost)
5. Timolol
6. Atorvastatin (Lipitor)
7. Hydrochlorothiazide
8. Acetazolamide (Diamox)

8 August 2013 until the 29 August 2013

Day 4 to day 25 - Medical Trade Drugs Given

1. Dipyrone (Metamizole)
2. Phenytoin
3. Ranitidine (Zantac)
4. Lumigan (Bimatoprost)
5. Timolol
6. Atorvastatin (Lipitor)
7. Hydrochlorothiazide
8. Acetazolamide (Diamox)
9. Alprazolam (Xanax)
10. Nefersil (Clonixin lysine (a derivative of Clonixin) is reported as an ingredient of Nefersil)
11. Losartan (Cozaar)

13 August 2013
Patient in good general conditions, but with constipation.

20 August 2013
Patient in good general state.

28 August 2013
Presents delusional ideas, hides medications in the mouth.

At the same time I am being informed by family members that she was refusing to take drug medication. I then called my mother, and told her that she needs to be relaxed, be

patient and take the Medical Trade Drugs, to which she replied: "They are poisoning me".

When a family member when to visit my mother at the hospital, she gave that family member the poisonous medical trade drugs to take them away in their pockets, in order not to force her to take this drugs.

> *"As we have a natural fear of such large doses on account of the almost certain occurrence of toxic symptoms; dry throat, dilated pupils." - Dr A. Everett Austin, MD in "Diseases of the Digestive tract and Their Treatment", 1916.*
>
> *"Every drug increases and complicates the patients condition." - Robert Henderson, MD*

30 August to 2 September 2019

Day 26 to Day 29 - Medical Trade Drugs Given

2. Phenytoin
3. Ranitidine (Zantac)
4. Lumigan (Bimatoprost)
5. Timolol
6. Atorvastatin (Lipitor)
11. Losartan (Cozaar)
12. Heparin (unfractionated heparin)

3 September 2019

Her condition stable and was discharged from Hospital, sent home and given a list of Medical Drugs:

2. Phenytoin
3. Ranitidine (Zantac)
4. Lumigan (Bimatoprost)

5. Timolol
6. Atorvastatin (Lipitor)
11. Losartan (Cozaar)
13. Quetiapine (Seroquel)

9 September 2019

In this day she started to have the following:

1. Fever
2. Allergy (with scratching sensation throughout the entire body)

Taken to consultation to a private clinic.

Drug **2. Phenytoin**, replaced by:

14. Levetiracetam (Keppra).

12 September 2019

On this day she felt poorly and asked not to be taken back to the same hospital, thus, she was taken to a private clinic.

21:14

The diagnostic at admission was:

1. Fever 38.5 C.
2. Trembling.
3. Urticaria Lesions (itching) throughout the entire body.
4. Swollen lips, Oedema on the Lips (Angioedema)
5. Dry mucous membranes (Sjögren's syndrome)
6. Oropharyngeal Candidiasis.

Medical Drugs Given at the Private Clinic

1. Dipyrone (Metamizole)
15. Captopril (Capoten)

16. Omeprazole (Prilosec, Losec)
17. Chlorphenamine (Chlorpheniramine)

Was diagnosed with Toxic Epidermal Necrolysis (TEN).

At 22:55 she was transferred to the hospital she had been previously. Taken to the Intensive Treatment Unit (ITU).

13 September 2019

Medical Trade Drugs Given at the Hospital:

17. Chlorphenamine (Chlorpheniramine)
18. Dalteparin (Fragmin)

14 September 2019

Her skin starts to progressively fall, in her back, face, arms and legs. Given a Glasgow Coma Score of 15.

Medical Trade Drugs Given:

17. Chlorphenamine (Chlorpheniramine)
18. Dalteparin (Fragmin)

15 to 16 September 2019

6:30
Her condition was: Agitated and Confused.

9:00
Her compromised surface 46%, and worsening.

Medical Trade Drugs Given:

4. Lumigan (Bimatoprost)
5. Timolol
16. Omeprazole (Prilosec, Losec)
18. Dalteparin (Fragmin)

19. Diazepam (Valium)
20. Fentanyl (Opioid)

17 to 19 September 2019

4. Lumigan (Bimatoprost)
5. Timolol
16. Omeprazole (Prilosec, Losec)
17. Chlorphenamine (Chlorpheniramine)
18. Dalteparin (Fragmin)
20. Fentanyl (Opioid)
21. Vancomycin (Antibiotic)
22. Ceftazidime (Fortaz), (Antibiotic)

As a result of body system intoxication by poly-pharmacy, her skin started to pell off, by the 19 September she had 46% of the skin in a compromised state. Which required surgical removal, which resulted in a state of transient bleeding.

20 September 2019

It begins a lot of secretions difficult to evaluate by blood that is also aspirated by mouth and upper airway. Nutrition is suspended and Vancomycin and Meropenem are given. Orotracheal Intubation was performed and Midazolam given. They decide to induced coma with connection to mechanical ventilation.

1. Dipyrone (Metamizole)
4. Lumigan (Bimatoprost)
5. Timolol
16. Omeprazole (Prilosec, Losec)
17. Chlorphenamine (Chlorpheniramine)
18. Dalteparin (Fragmin)
20. Fentanyl (Opioid)
21. Vancomycin (Antibiotic)
23. Meropenem (Merrem), (Broad-Spectrum Antibiotic)
24. Midazolam (Versed)
25. Oftagen (Gentamicin sulfate)

21 to 24 September 2019

Continues in a serious condition with mechanical ventilation, dressings throughout the body as large burned.

1. Dipyrone (Metamizole)
4. Lumigan (Bimatoprost)
5. Timolol
16. Omeprazole (Prilosec, Losec)
17. Chlorphenamine (Chlorpheniramine)
18. Dalteparin (Fragmin)
20. Fentanyl (Opioid)
21. Vancomycin (Antibiotic)
23. Meropenem (Merrem), (Broad-Spectrum Antibiotic)
24. Midazolam (Versed)
25. Oftagen (Gentamicin sulfate)

During the evening of the 21 September in a state of fever. And in the 23 September with severe aspiration pneumonia. And continues sedated in coma. With 95% of the skin in a compromised state. During the night they suspend the Medical Trade Drug Vancomycin.

On the 24 September, the dermatologist becomes aware of the clinical state and makes the diagnosis of Toxic Epidermal Necrolysis (TEN). "Severe skin reaction, together with Stevens–Johnson syndrome (SJS) it forms a spectrum of disease, with TEN being more severe.

Early symptoms include fever and a few days later the skin begins to blister and peel forming painful raw areas. Mucous membranes, such as the mouth, are also typically involved. Complications include dehydration, sepsis, pneumonia, and multiple organ failure." - in "Wikipedia", 2019.

25 of September 2019

The list of medical trade drugs is maintained to which it is added added:

26. Linezolid (Antibiotic).

26 of September 2019

The same list of drugs given since the 21 September, and increasing the drug dosage of 20. Fentanyl (Opioid), from 200mg to 250mg. At night with fever.

26 of September 2019

Following her state Gram-negative bacteria was found. The following drug is suspended: 23. Meropenem (Merrem), (Broad-Spectrum Antibiotic). And was given:

27. Colistin (Polymyxin E), (Antibiotic)

27 of September 2019

With diarrhoea, and presents severe anaemia, and blood transfusion was given. The list of medical trade drugs is maintained.

28 to 29 of September 2019

Situation deteriorated. The list of medical trade drugs is maintained.

30 of September 2019

Condition very severe with fever during the weekend. Now with Candida Albicans present. And diarrhoea with Clostridioides Difficile.

The list of medical trade drugs is maintained.
The following where added:

28. Fluconazole (Antifungal)
29. Demerol (Pethidine, Meperidine), (Opioid)

30. Metronidazole (Flagyl), (Antibiotic)

1 of October 2019

High Inflammatory Parameters. The list of medical trade drugs is maintained.

2 of October 2019

Condition highly serious with anaemia. The list of medical trade drugs is maintained. The following where added:

31. Caspofungin (Cancidas), (Lipopeptide Antifungal)

Final day, and at 18:20 passed away.

"While it is a fact that the healthy organism will stand a remarkable amount of abuse, and for a long time will resist the injurious effects of drugs and chemicals that are used habitually, yet the time comes to almost every one when the resisting powers are not up to the normal standard, and then an apparently sudden giving way occurs." - Dr Edward M. Gramm, MD in "North America Journal of Homeopathy", 1912.

"As to treatment, one extravagance has followed another; some cases have recovered, and the others have died. Every one thinks he has cured some; none will admit that they have damaged some, and killed others." - Dr Harry Hakes, MD in "Transactions of the Luzerne County Medical Society", 1887.

"Many of us, myself included, have seen folks go into a hospital, for one problem or another, and end up coming out a lot sicker than when they went in, and in some cases dying as a result.

How come this story is not on the front pages of the papers every single day." - Senator Bernie Sanders, 2014.

Medications that Sicken

"The Pharmaceutical Market, contains all the evils of a concentrated, monopolistic and deregulated industry. Its victims surpass the sick, and hit an unprotected society, in the face of the voracity of local businesses and large corporations. There is no health." - Juan Pablo Morales Montecinos, Pharmaceutical Chemist in "El Monde Diplomatic", December 2011.

"After the death of my mother, I was approached by a solicitor, who wanted to file a court case, to such I decline, instead, I decided to write this book." - Ingrid Betancourt

The Terrible Delusion

"Fail to respond to a last resort, the suggestion of desperation, the last consultation is held, the last hope, life is flickering, threatening extinction; I would like to be called at this moment just in time to dash the last proffered swallow of nourishment to the floor, or stay the hand that is raised to administer the coup de grace in the form of a last hypodermic of strychnia under the terrible delusion that the drug will stay a heart that is threatening collapse from the effect of repeated doses of the drug and not as the drug-crazed profession believes, from the effect of the disease; and in answer to the protest that the patient will positively die unless the nourishment or drug is given, to say that exactly the reverse is true.

Drug-Superstition

If there is a hope in the world it must come from rest: rest

to heart, rest to body from head to foot—rest of eyes from drugs, and rest of stomach from a food that has been building disease from day to day; for a patient in such a state has no more digestive power than the vessel from which food is administered. Rest the patient must have and by the eternal, if I am called, rest that patient will get if I camp by the bedside until all danger is past! Nurses will to pass silently about the room; friends shall not see the patient, if to do so will cost the patient the effort of recognition; drugs, bottles, boxes, glasses, everything pertaining to the damnable drug-superstition will be silently sent out of the room.

In place of them there will be a bouquet of beautiful flowers, and any odour of drugs will be exchanged for the patient's favourite perfume. That so long as the patient is left absolutely to nature there is hope." - Dr John H. Tilden, MD in "Typhoid Fever", 1909.

Disregard for Human Life

In June 2018 "The Report of the Gosport Independent Panel" was published in England which found that more than 450 patients died prematurely in a British hospital, after they were given powerful painkillers with no medical justification. The report concluded that: "There was a disregard for human life and a culture of shortening the lives of a large number of patients".

"The families, and indeed the nation as a whole, are entitled to ask how these events could have happened".

Another story, like thousands of others which happen everyday under Medical Trade is the case of Fiona Phillips a well known TV presenter in the UK, writing in the Journal "Mirror", 22 June 2018, on her father death in hospital, she wrote: "I asked to see his drug sheet and was staggered to see an A4 page filled with various medications, including a dangerous anti-psychotic. I told them to get him off ALL drugs and asked to see the consultant. I was palmed off with

"She's away", He died in hospital just days later, following multiple organ failure."

"History shows, time and time again, and this has become rather a fact, that those who trust in the medical trade have a tendency to die prematurely". - Rui Alexandre Gabirro, Emunctologist

Medical Science

Cash in hand, and patient in the grave. Who's fault is it? Those who believe, and follow the Medical Trade!

The Medical Trade is like a fire, and wood is like cash. The more wood you throw at the Medical Trade the more it consumes.

Love to Hear from You

We would like to hear your stories and experiences in regards to the: "Medical and Pharmaceutical Trade".

Please send us your story, by e-mail to:

ssanctuary@gmail.com

Or by post to:

Hospitallers Order of the Good News
Cangrejeras 1500, San Pedro de la Paz
413000, Concepcion, Chile

"Not knowing where to begin, the practitioner sends the patient, after having administered to him almost the whole arsenal of medicines and drugs, from one spa to another, while for his

unhappy fate, he can never be brought to a normal state of health, but on the contrary, loses daily more and more his strength. I saw a case of a respectable gentleman whose health was destroyed by the strong medicines he had swallowed. First, he had been brought, through ignorance, to a strong salivation, produced by immoderate doses of mercury. He afterwards fell into the hands of another medical man. Then has the lead produced its natural effect, which is, the far-famed "colica pictonum", commonly called the painter's colic, which I have met very often in the hospitals in Vienna, and which answers to the following very dreadful picture; the colour of the skin, becomes an earthy dirty yellow, sometimes changing to a blueish cast, and being at the same time very dry, the labia of the mouth pale, the tongue covered with a thick white substance from which it cannot be purified, the respiration short and oppressed, the stomach, or rather abdomen, quite impressed, particularly the umbilical region; the extremities are ever cold, and throughout the muscles of the entire body are felt spasmodical contractions, especially during the night, which the poor sufferer passes sleepless, restless, and in pain. These are the benefits brought by the use of medicines; and how many other evil effects are there daily occurring?" - Dr. J. Edward Feldmann, MD, in "Theory and Practice of Hydropathy", 1843.

"After a long period of fruitless medicinal treatment, one thinks of surgery." - Dr A. Everett Austin, MD in "Diseases of the Digestive tract and Their Treatment", 1916.

"Is it sustainable to have the majority of the population on pharmaceuticals?" - James Maskell, in "Functional Forum ", 12 December 2019.

"None of us ought ever to be offended at the scrutiny of our observations if we are right our view will be confirmed; if we are wrong, it is best corrected, and if it is a matter of

interpretation, difference of opinion is legitimate. Naturally, to appear to cast doubt upon the value of a colleague's observations by repeating his examination is liable to give offence, yet the unquestioned acceptance of his results may lead to disaster." - Dr Adolphe Abrahams, MD in "Edinburgh Medical Journal", 1939.

"We must, at least persist in the claim that we have uncovered a great truth, which has in it the elements of a mighty revolution; and that in its leading features we have piled proof upon proof to a degree amounting to a very complete demonstration. With these suggestions we send it forth on a mission of mercy to a long-suffering humanity." - Dr. Robert Walter, MD in "Vital Science Based Upon Life's Great Law", 1899.

Recommended Reading List

History of Modern Pharmaceutical Industry

- The History of Modern Pharmaceutical Industry is has vast has the revenues of these companies. We recommend the best Book on the subject: "The Drug Story" by Morris Allison Bealle.

Coming out of Prescription Psychiatric Medication

- Psychiatric Drug Withdrawal: A Guide for Prescribers, Therapists, Patients and their Families by Peter R. Breggin MD
- Your Drug May Be Your Problem, Revised Edition: How and Why to Stop Taking Psychiatric Medications by Peter Breggin, David Cohen

Health

The following book is recommended to every reader, as a must read book: Dr. Jensen's Guide to Better Bowel Care; A Complete Program for Tissue Cleansing through Bowel Management.

Book back cover

"Drugs don't make you well, they make you worse!"

"Medicines succeed best when there is a tendency to get well." - Gull

"The truth is often more helpful than drugs". - Lord Dawson of Penn, Physician to HM the King, London Hospital in "B.M.J.", 9 July 1921.

"Health has a name, is called: Food, Medicine has a name, is called: Poisonous Drugs. Synthetic Pharmaceutical drugs are liver toxic, synthetic drugs accelerate the body into premature death. People are thus being poisoned to death, by what they call Medicine."

"Spoiler Warning"

This book contains information that is not taught at medical school.

The Purpose of this Book

"The present work is written for the double purpose of correcting error, and imparting truth. Its purpose is to state facts by which their pretensions may be judged." - Dr. Frederick Hollick, MD in "Neuropathy or The True Principles of the Art of Healing the Sick", 1847.

> *"Speak not in the ears of a fool: for he will despise the wisdom of thy words." - Proverbs 23:9*

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Book Titles Of Interest

Longevity the Untold Story

List of Contents

"How should one live to reach 150 years; Why We Grow Old; Why Animals Live Seven Times Their Growth-Period; How can these dangerous germs get into the body?; Human Life and Longevity; We Are Killed by Bacteria. The Prolongation of Youth; The Monuments of Egypt and What They Teach Us About Health. The Role that the Human Microbiome Plays in the Longevity of the Body; Regulation of life span by the gut microbiota in the short-lived African; Turquoise killifish; Microbial Genetic Composition Tunes Host; Longevity. Thy Youth Is renewed; Function of Life; The Chemical Basis; Good Lungs; The Body Regenerates every Seven Years. Body Regeneration; Life Expectancy; Resurrection Naturally; Cell Regeneration; Scientists Discover Addition of New Brain Cells in Highest Brain Area; Organ Repair and Regeneration; How does the Body Rejuvenate; Regeneration and Longevity. Discoveries; William Harvey Discovery; Telomere Effect: Living Younger, Healthier and Longer; Autophagy: Its role in the Maintenance, Rejuvenation and Repair Mechanism of the Body. Extension of Life-Span; Death is not a universal accompaniment of life; The Immortal Cells; Biological Immortality; The Immortal Cells of Henrietta Lacks; The Body Tissues are Immortal; Alexis Carrel & Cell Immortality; Hayflick's Limit Theory; The Immortality of Turritopsis Nutricula; Immortal Stem Cells; Pluripotent Stem Cells. Observations on Longevity; Remarks on the Examples of Longevity. Diet and Longevity; How to Avoid Growing Old. Long and Healthy Life. Outwitting Old Age The Louis Cornaro Story; We can Live so as to Outwit Old Age; Remarkable Cases of Rejuvenation. Longevity in Antiquity; Millennia; What is the oldest age that is now attained?; Longevity in the Ancient

World; Moderate sized and well Proportioned; The Fountain of Youth; The Census of 1851; The Desire of Longevity. Yorkshire Longevity; 125 Year Old's; 127 Year Old's; 130's Year Old's. The Oldest Yorkshireman; Henry Jenkins; Wharfedale Centenarian."

Back Cover

"God created man to be immortal, and made him to be an image of His own eternity." - Wisdom of Solomon 2:23, King James Version

"Be not deceived; God is not mocked: for whatsoever a man soweth, that shall he also reap." - Galatians, 6:7

"Death is not a universal accompaniment of life. In many of the lower organisms death does not occur, so far as we at present know, as a natural and necessary result of life. Death with them is purely the result of an accident, some external cause." - Charles S. Minot in "The Problem of Age, Growth, and Death", 1908

"Such a machine as the human frame, unless accidentally depraved, or injured by some external cause, would seem formed for perpetuity." — Dr. Gregory in "Medical Conspectus"

"If a living organised being be examined at the epoch of its greatest perfection ... a mutuality of cause and effect is perceived which almost promises immortality." — Sir T. C. Morgan

"At some future day there can be little doubt that the value and duration of life will be extended greatly beyond what it is at present—greatly beyond, perhaps, what we at present can imagine" — Dr. Thomson in "Medical Dictionary"

The Unknown Causes of Disease, The Idiopathic Nature of Medicine

List of Contents

"On the Nature of Disease; The Never Ending Difference of Opinions; The interpretation of Clinical Test Results; Scientific Medicine; Disease as a Crime; Origin of Disease; Understanding the Causes; Major Maladies and Their Treatment; Cause of Physical Disease; Alzheimer's Dementia and the Reversal of Cognitive Decline; Main Drivers of Alzheimer's; Parkinson's; Sinusitis; Cause of Paralysis; Beriberi, Nerve Disorders; Causes of Mental Disease; Psychological Disorders; Constipation; Chronic Constipation from Disease; Atony of the Intestine (Darmatonie) Causes and their Mode of Action; Diseases of the genital organs in young women; Treatment of Constipation; Headaches & Migraines; Head Dizziness; Headache How Caused and Cured; Causes of Skin Disease; Diseases of the Skin and Kidneys; Skin and Psoric Conditions; Jaundice; Arthritis Principles of Treatment; Atherosclerosis Coronary Heart Disease; Treatment of Diabetes; Fevers; Treatment of Rheumatism and Allied Conditions; Curing Diseases of Heart and Arteries; Treatment of Acute Heart Disease; The Treatment of Confirmed Cases of High Blood Pressure; Hypertension and Kidney Disease; Asthma; Ataxia; Epilepsy; Attacks of Convulsions can be Avoided or Lessened; Backache and its Treatment; The Cause of Acquired Gout; Insomnia; Cancer its Causes; Colon Cancer; Vaccination and General Enervation; Behavioural Disorders included Autism; Ingredients, Components found in Vaccines; Postpartum Depression; Mental Troubles and Physical Causes; Dangerous Psychiatry; Sciatica; Causes that Produce Diseases; The Source of all Acute Diseases as it is a Consequence of all Chronical ones; How to supply the Place of Medicines by Diet; Chronic Rheumatism and Rheumatic Gout (Osteo-Arthritis); Premature Senility; Disease of the Kidneys; Causes of Diseases of Chest; Painful Menstruation; Pyorrhoea; Tuberculosis; Rheumatoid Arthritis and Loose Joints; Elcampsia; Cardiac Arrest."

Back Cover

"Aetiology: That Part of Physick which teaches the Causes of Diseases." - George Cheyne, MD, FRS, in "An essay on Health and Long Life", 1724.

"The cure of many diseases remains unknown to the physicians of Hellos (Greece) because they do not study the whole person." - Socrates, 399 BC.

"Doctors put drugs of which they know little into bodies of which they know less for diseases of which they know nothing at all." - Voltaire
"Of Disease we Know Nothing at All". - Dr William Osler, MD

"The Cause of Disease is Unknown" - Medical practice literature, 2018 AD.

"We have assisted in multiplying diseases; we have done more, we have increased their mortality." - Dr. Benjamin Rush, MD

"Ignorance breeds stupidity, it is your responsibility to get educated. Those who don't educate themselves, are condemned to being educated by others." - Rui Alexandre Gabirro, Emunctologist

Spoiler Alert!

It will be seen that it will probably take about 5,000 years, or longer for Medical Practitioners to finally find or "discover", the cause of disease(s). In the mean time if you don't want to wait, you may wish to read this book.

The Purpose of this Book

"The present work is written for the double purpose of correcting error, and imparting truth. Its purpose is not to attack men, nor systems, but simply to state facts by which their pretensions may be judged." - Dr. Frederick Hollick, MD in "Neuropathy or The true principles of the Art of Healing the Sick", 1847.

Moving Forward

Don Miguel de Cervantes Saaverdra, wrote a book called: "The Ingenious Gentleman Don Quixote of La Mancha". Don makes it his mission to revive Chivalry, along with his squire Sancho Panza, whom is known for his many "sanchismos", quotes that use wit and humour and ironic proverbs. While there are many quotes to chose from, we dedicate this quote to the Medical Trade: "Let the Dogs Bark Sancho, It is a sign that we're moving forward!"

Medicine, The Cure Is Worse than the Disease

List of Contents

"What is Medicine; The Medical Understanding of Disease is Nil; Medicine Treatment; Intellectually Bankrupt; We Bleed, We Purge, We Narcotise; Men May Live Fools, but Fools they Cannot Die; Physic has been defined as: "the art of amusing the patient, while nature cures the disease."; Who's the Father of Medicine; The Epidemiology of Multimorbidity; Medical View: Disease Is Only About Biochemical Deficiencies; The Difference Between Health and Medicine; Medical Art; Death Rate Drops During Doctor Strike; When Doctors Strike, Fewer Patients Die; Attempt to Relieving Pain Without Dealing with the Cause; Medicine the Destructive Art of Healing; Nature and Art in the Cure of Disease; Concerning the Title of Doctor; The Relationship Between Theory and Therapy; Medical Freedom Medical Science; Science Delusion; The Science and Art of Medicine; Tower of Babel and Medicine; Scientific Medicine; Pseudo-Science; Medicine can Never be an Exact Science; Unnatural, Distorted and Inconsistent; The Medical Octopus; Doctors of Medicine Cannot Cure; Fallacious Faith on Medicine; Medical Teaching is Incredibly Faulty and Defective; The Laboratoromania of the Medical profession; The Practice of Medicine as Fudge; Empirical Science, Vitalism or What; Medical Science is Founded on a False Premise; Diagnosing a Medical Delusion; Disease Cannot Be Its Own Cause: Neither can it be its own cure, and certainly not its own Prevention; The Medical World is Looking for Cures; Scientific Medicine is Helpless; The Scandal of Poor Medical Research; Medical Research - Still a Scandal; Why Most Published Research Findings Are False; Scientific Literature Perhaps Half may Simply be Untrue; Drug Companies and Doctors; A story of Corruption; Modern Medicine Not a Science; Ignorance Has Become Commonplace In Medical Practice; The Drug Medical System; Poisonous Medications; Drug Medicines were Worse than Useless; Then it was that People Began to Die; Drugs Always Produce Disease; The Deadly virtues of the Healing Art; Take his Good Advice and Refuse his Bad Medicine; Poisonopathy, A Few Words as to the Forms of Disease; Allopaths say it is: Contraria Contrariis Curantur "Contraries Cure Opposites"; What are its Agents, its Medicines, and its

Remedies; This Patient Rapidly Recovered under Hygienic Treatment; Effect of Drugs; Secondary Diseases; Medical Economics; Medical School; Real Education Versus Engraved Pieces of Paper; Medical Training; Clinical Observations; Nothing To Do; The Prejudices of the Profession; Pernicious Effects of Blood-Letting; Of the Ignorance Existing Respecting the Power of Nature to Cure Diseases; Nature, or, in other words, the Inherent Powers of the Animal Economy, Are Either Entirely Ignored; Natural course of the Morbid Processes Occurring in the Animal Body; Curative Powers of Nature; Ignore or Depreciate the Working of Nature; Practice; On the Educational Value of the Medical Society; Angina in Doctors; Specialists and Specialism; With Regards to the Medical Clinic and Medical School; Psychiatry; The Gene-Based Theory of Mental Illness; The Four False Pillars; The Germ Theory; The Role of Bacteria, Their Useful Symbiotic Role in the Body; Micro-Organisms of Disease are Universal, But Disease is not Universal; Scientific Bluff; Disease Germs; The Germ Disease Theory; Vis Medicatrix Naturae; People Generally are Awed by Anything they do not Understand; Every Grain of Sand is a Metropolis for Bacteria; Goodbye to Germ Theory; Germs as a Cause of Disease is a Dying Fallacy; Why We Believe Germs do Not Cause Disease; Cognitive Impairment by Antibiotic-induced Gut Dysbiosis; Microbiome Restoration Diet Improves Digestion, Cognition and Physical and Emotional Wellbeing; J.D. Rockefeller's Involvement; The Forgotten Facts and Truths of Drugs; Intentional Ignorance; The Placebo Effect; Medical Illusion; Third leading Cause of Death; Healthcare Against Health; Both Guess-Work; Needless Surgery; One Operation Leads to Another; There is Nothing so Futile as to Attempt to Remove an Imaginary Pain by a Surgical Operation; Nature Heals; Medical Freedom; One of the Most Common Causes of Chronic Invalidism; Doctors of Medicine Ignorance of Dietetics; Medicine Doctors Sublime Ignorance of Food Values; Medical Specialities; Women Risk Losing Ability to Give Birth Naturally; Deaths of Medical Doctors; Suicide Rates Among Physicians."

Back Cover

"*The physician being, then, a blind man armed with a club, who, as chance directs the weight of his blow, will be certain of annihilating nature or the*

disease." - D'Alembert quoted by Dr. Richard Tonson Evanson, MD and Dr. Henry Maunsell, MD in "A Practical Treatise on the Management and Diseases of Children", 1842.

"If we compare the good, which a few true disciples of Aesculapius have done since their art began, with the evil which the immense numbers of Doctors have inflicted upon mankind, we must be satisfied that it would have been infinitely better for mankind if Medical Men had never existed." - Boerhaave

"Never mind the name of heterodoxy in Medicine, what is right is right." - J. R. Findlay.

"We can hardly refuse our assent to the observations of the late Sir Gilbert Blane, that in many cases patients get well in spite of the means employed; and sometimes when the practitioner fancies he has made a great cure, we may fairly assume the patient to have had a happy escape." - Dr Jonathan Pereira, FRS, Father of Pharmacology.

Spoiler Alert

Do not Read this if you wish to stay in Fairyland, By pursuing to read this book, you will realize that Medicine, something that misleads or deludes; an illusion, is basically composed of "Pretty gibberish invented to cheat the ignorant," and it is commonly defined by what some in the profession, for many years now have come to realize, that Medicine Science is founded upon: "Fudge", "Inconsistent observations", and other point out that it might also include "Fairy Dust."

Colon Hydropathy The Clinical Evidence & The Health Conditions That Helps To Resolve

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"Early References to Colon Hydropathy; The Flushing of the Colon; Hot Colon Douches for Pelvic Pain; The Colon Douche; Colon Hydropathy Statements in Evidence; Injections or Clysters; Cholera Infants Summer or Bower Complaints (Cholera Infantum); Dysentery (Dysenteria); Bilious Colic; Clysters and How To Use Them; Method of Giving an Enema; Oil Clysters and How to Use Them; Slow Injections of Lukewarm Water; Clysters for Intestinal Parasites; Nutrient Enemata; The Effect of Enemata; Enemata; Thread-Worms (Oxyuris vermicularis); The Utility of Saline Enemata in Haemorrhage; Three Cases of Puerperal Eclampsia; Acute Dysentery "Bloody Flux", Acute Colitis, Acute Proctitis; Toxic Headaches; Eclampsia; Port Wine Enemata; Typhlitis, Caecitis, Inflammation of the Caecum, Paratyphlitis, Perityphlitis; Inflammation of Colon, Colitis, Catarrh of the Colon; Acute Laryngitis; Inflammation of the Bile-passages and Gall-bladder; Severe Haemorrhage; Disease in Sigmoid Flexure; Rectal Irrigation; Exophthalmic Goitres (Graves disease); Typhoid Fever; Treatment of Chronic Disease; Tympanites; Uraemia; Infantile Convulsions (Eclampsia); Cholera Asiatica; Constipation; Chronic Diarrhoeas; Yellow Fever; Intestinal Obstruction; Enemas; Hot Water Injections Vice Nutrient Enemata; Merck's Manual Remedies: Remedies for Cystitis; Remedies for Dysentery (Intestinal Inflammation); Remedies for Peritonitis; Remedies for Typhoid Fever; Remedies for Cancer; Remedies for Asiatic Cholera; Remedies for Constipation; Colonic Cleanliness; Observations and Suggestions Concerning Hypodermoclysis; Chloride of Sodium; Lavage of the Stomach, Colon and Rectum, and Enteroclysis; Some Colonic, Sigmoidal and Rectal Conditions; Recto-Colonic Hydrotherapy; Enema In Gastroenteric Diseases; Intestinal Sepsis in Ocular Affections; The Emunctories Require Attention; The Action of the Bowels is Essential to Health; Treatment of Cholelithiasis (Gallstones); Autogenous Colon Vaccines in the Study, Diagnosis and Therapy of Chronic Intestinal Toxemia; Intestinal Indigestion; Irrigating Solution; Chronic Colonic Infections; A Safe and Ready Method of Treating Intestinal Obstruction; A Plea for More General Employment of Intestinal Irrigation; Statements of Clinical Evidence; Perityphlitic Abscess, Its Treatment; Prostatodynia; Heart Disease and What to do to Save Life; Asphyxia: Its Meaning, Its Causes, and Treatment; Reference Notes on the Value of Colon Hydropathy; Colonic Cleanliness; Treatment of Intestinal Obstruction; Clinical Cases Examined; Steps Toward The Cure of Disease; Physiological Experiments With Intestinal Irrigation on Pulse Tension, Temperature, Renal Secretion & Excretion,

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This book contains information that is not taught at medical school.

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"The present work is written for the double purpose of correcting error, and imparting truth. Its purpose is to state facts by which their pretensions may be judged." - Dr. Frederick Hollick, MD in "Neuropathy or The True Principles of the Art of Healing the Sick", 1847.

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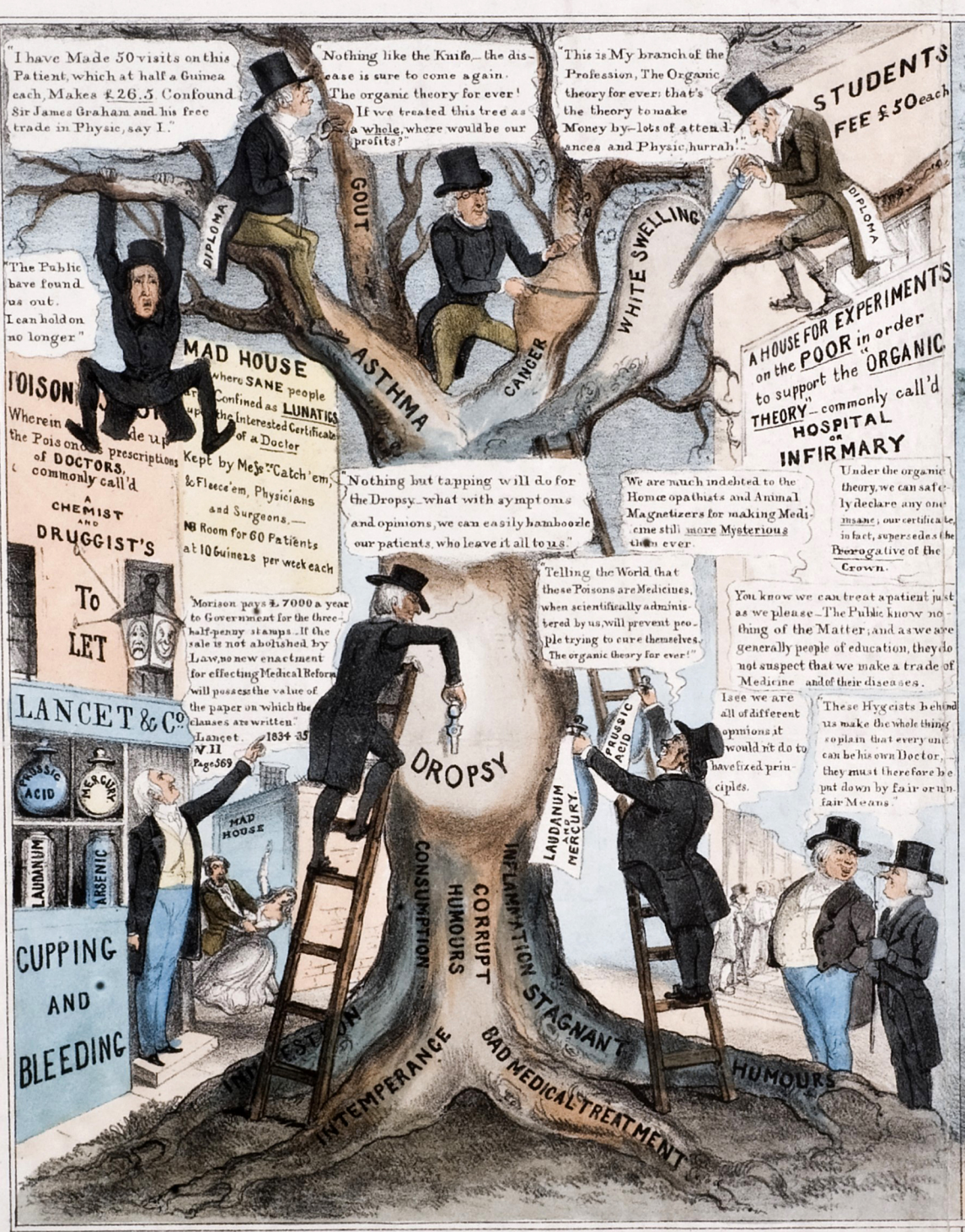
"I have Made 50 visits on this Patient, which at half a Guinea each, Makes £26.5 Confound Sir James Graham and his free trade in Physic, say I."
"Nothing like the Knife,—the disease is sure to come again. The organic theory for ever! If we treated this tree as a whole, where would be our profits?"
"This is My branch of the Profession, The Organic theory for ever: that's the theory to make Money by—lots of attendances and Physic, hurrah!"
STUDENTS FEE £50 each
DIPLOMA
GOUT
ASTHMA
CANCER
WHITE SWELLING
DIPLOMA
"The Public have found us out. I can hold on no longer"
A HOUSE FOR EXPERIMENTS on the POOR in order to support the "ORGANIC THEORY"—commonly call'd HOSPITAL OR INFIRMARY
MAD HOUSE
where SANE people Confined as LUNATICS
the Interested Certificate of a Docter
Kept by Mess^rs "Catch 'em & Fleece 'em, Physicians and Surgeons.—
NB Room for 60 Patients at 10 Guineas per week each
TOISON
Wherein
the Pois
prescriptions of DOCTORS, commonly call'd A CHEMIST AND DRUGGIST'S
To LET
"Nothing but tapping will do for the Dropsy—what with symptoms and opinions, we can easily hamboozle our patients, who leave it all to us."
"We are much indebted to the Homœopathists and Animal Magnetizers for making Medicine still more Mysterious than ever."
Under the organic theory, we can safely declare any one insane; our certificate, in fact, supersedes the Prerogative of the Crown.
"Telling the World that these Poisons are Medicines, when scientifically administered by us, will prevent people trying to cure themselves. The organic theory for ever!"
You know we can treat a patient just as we please—The Public know nothing of the Matter; and as we are generally people of education, they do not suspect that we make a trade of Medicine and of their diseases.
Morison pays £7000 a year to Government for the three-half-penny stamps. If the sale is not abolished by Law, no new enactment for effecting Medical Reform will possess the value of the paper on which the clauses are written." Lancet. 1834-35 Vol II Page 569
I see we are all of different opinions at would'nt do to have fixed principles.
"These Hygeists behind us make the whole thing so plain that every one can be his own Doctor, they must therefore be put down by fair or unfair Means."
LANCET & Co
PRUSSIC ACID
MERCURY
LAUDANUM
ARSENIC
MAD HOUSE
CUPPING AND BLEEDING
DROPSY
PRUSSIC ACID
LAUDANUM
MERCURY
CONSUMPTION
CORRUPT HUMOURS
INFLAMMATION
STAGNANT HUMOURS
INTEMPERANCE
BAD MEDICAL TREATMENT

A TREE under the ORGANIC or DOCTORS' SYSTEM,—Being undrained of Corrupt Matter, is in a State of DECAY throughout.

These Doctors on the other side, will never cure their tree; they are all looking to the effects, instead of the real and only cause: The sap or blood of the tree is impure and cannot circulate; therefore its branches are affected in different ways; they should drain the tree of it's impurities, as we have done.
The principles of the Hygeian System are founded on the laws of Nature:- it is, in short, a System of Cleansing and purifying in the proper and natural way.
We've treated it as a whole!
We've drained the tree of sour and stagnant impurities, and behold it thrives well.
We are Unanimous.
BRITISH
COLLEGE OF HEALTH
ESTABLISHED 1815

TREE under the HYGEIAN or MORISONIAN SYSTEM. being drained of all IMPURITIES_ is in a FLOURISHING STATE!!!